



New Miami Local School District

600 Seven Mile Ave
Hamilton, OH 45011
P: 513-863-0833 F: 513-863-0497

Open Enrollment

New Open Enrollment Returning Student – New Open Enrollment Returning Student – Previous Open Enrolled

If Transfer is Approved; It Will Be In Effect For The 2025 - 2026 School Year Only

Student: _____ **Date of Birth:** _____
First Name Middle Name Last Name

Requested Grade: _____ **School District Last Attended:** _____

School District of Residence: Edgewood Fairfield Hamilton Talawanda Other: _____

Reason(s) for Requested Transfer: _____

Previously attend NM? Yes No **Plan to attend Butler Tech?** Yes No **College Credit Plus?** Yes No

Has student had discipline issues? Suspended Expelled **Reason:** _____ **Days:** _____

Is Student Identified: Gifted Special Education (ETR/IEP) 504 Services Title I Reading ESL

If identified, please attach a copy of the 504 Plan, IEP/ETR, or other services plan from previous school.

If siblings attend NM, list name/grade: _____

Hold Harmless Clause: *As the parent making application for my child, my signature on this application signifies my understanding and agreement to the policy language and guidelines hereto attached. My signature also holds harmless the District's employees and the Board of Education members for any decision made relative to the Board policy and administrative guidelines.*

In addition, I understand:

- Student must have an acceptable attendance, behavior/discipline, and academic record at previously attended school.
- Open Enrollment may impact athletic eligibility. Contact the Athletic Director for details about eligibility.
- This is not a registration form. The enrollment process must be completed upon the approval of Open Enrollment.
- Parents will be notified of rejection or acceptance no later than the first week of August of the enrolling year.
- The Superintendent retains the right to revoke at any time the open enrolled status of any student for reasons related to poor attendance, non-payment of fees, any violation of the student code of conduct, or extenuating circumstances.
- Falsification of any of the information contained in this form will void this application and/or enrollment of the above listed student in the New Miami Local School District.

Parent/Guardian: _____ **Phone:** _____
First Name Middle Name Last Name

Address: _____
Street City Zip Code

~ Please attach 2 proofs of residency if new to open enrollment or if address is different than previous years. ~

Legal custody? Both Parents Mom Dad Other: _____ **Email:** _____

Parent/Guardian Signature: _____ **Date:** _____

OFFICE USE ONLY:

Received by: _____ **Time:** _____ **Date:** _____

Approved by: _____ **Date:** _____

Denied by: _____ **Date:** _____

Reason(s): _____ **Fees Owed?** Yes No
If yes, amount due: \$ _____

Days Absent: # excused: _____ **Days Tardy:** # unexcused: _____ **Early Dismissal:** # unexcused: _____ **Special Ed?** Yes No
Code: _____

Copy sent to home district on _____