MANCHESTER LOCAL SCHOOLS

OPEN ENROLLMENT APPLICATION FOR CURRENT STUDENTS WHO HAVE MOVED 2025-2026

A separate application must be completed for each student.

TWO (2) PROOFS OF YOUR NEW RESIDENCY MUST BE INCLUDED WITH THIS APPLICATION. The proofs must have your name with your new address. Examples of what will be accepted are listed below.

- Utility bills (gas, electric, water, cable)
- Payroll check
- Mortgage, rental, or bank statement
- Official government correspondence – Ohio or US Dept. of Taxation, Ohio Dept. of Human Services, Medicaid/Medicare, etc.
- Voter registration
- Insurance documents – Company declaration page that shows proof of automobile, homeowners, health, or dental benefits or statements (Medical bills will not be accepted)

LEGAL NAME OF STUDENT _____
First **Middle** **Last**

NEW ADDRESS _____
 # Street **City** **Zip Code**

STUDENT DATE OF BIRTH _____ **CURRENT GRADE** _____

PARENT/GUARDIAN NAME(S) _____

CURRENT SCHOOL DISTRICT WHERE YOU LIVE _____

PARENT/GUARDIAN PHONE NUMBERS _____ **PARENT/GUARDIAN E-MAIL ADDRESS** _____

PARENT/GUARDIAN SIGNATURE: X_____***DATE***_____

Your student's attendance record will be reviewed from the current school year.

Students who are applying for open enrollment or who are already enrolled will not be granted open enrollment status if that student has missed • 30 or more consecutive hours, • 42 or more hours in one month, • 72 or more hours in the entire year or • 100 hours or more of school throughout the preceding year. This does not include hours missed that are covered under a documented medical excuse. In addition, students that are truant from school without a legitimate excuse will be denied open enrollment.

Any failure to disclose any information and/or falsification of information on this form will cause this application to automatically be denied.

FOR OFFICE USE ONLY

DATE RECEIVED: _____

PRINCIPAL: ☐ Approved ☐ Denied Reason(s):_____

PRINCIPAL'S SIGNATURE: _____ DATE:_____

SUPERINTENDENT: ☐ Approved ☐ Denied Reason(s):_____

SUPERINTENDENT'S SIGNATURE: _____DATE: _____

DATE NOTIFIED: _____

Contact Karen Selzer at 330-882-6926 or karen.selzer@manchester-panthers.org with any questions.