

JACKSON-MILTON LOCAL SCHOOL DISTRICT  
2026–2027  
OPEN ENROLLMENT APPLICATION

Check One:    New Application \_\_\_\_\_    Re-Application \_\_\_\_\_ (**Complete Application Only.** If no changes in the last year, no further documentation required)

Name of Student \_\_\_\_\_ Date Submitted \_\_\_\_\_

Custodial Parent/Guardian \_\_\_\_\_

Address \_\_\_\_\_

Home Telephone \_\_\_\_\_ Work Telephone \_\_\_\_\_

Grade Level of Student Next School Year \_\_\_\_\_ Does Student Have an IEP? \_\_\_\_\_

School District of Resident \_\_\_\_\_ School Last Attended \_\_\_\_\_

|  |  |  |   |
|--|--|--|---|
| Name of Siblings and Grade Level:<br><br>_____<br><br>_____<br><br>_____ |  |  | If enrolling for special high school courses or special education courses,<br>Please list the desired classes:<br><br>_____<br><br>_____<br><br>_____ |
|--|--|--|---|

Answer – YES or No

- A. \_\_\_\_\_ Does parent or guardian work for the Jackson-Milton Board of Education?
- B. \_\_\_\_\_ Do grandparents or relatives reside in the Jackson-Milton School District?  
Name \_\_\_\_\_
- C. \_\_\_\_\_ Does either parent work in the Jackson-Milton Community?  
Company Name \_\_\_\_\_
- D. \_\_\_\_\_ Is parent(s) a graduate of Jackson-Milton? Year \_\_\_\_\_
- E. \_\_\_\_\_ Why did you choose to Open Enroll in Jackson-Milton School District? \_\_\_\_\_

I understand that I must submit copies of the following information in order for this application to be complete and acceptable:

1. Birth certificate of child being enrolled
2. Proof of grade placement – current report or school records
3. Proof of child custody or guardianship (if applicable)
4. Proof of immunization

Please circle and attach photocopies of appropriate documentation – one from each column:

- |  |                                  |
|--|----------------------------------|
| <u>Column 1</u>                                      | <u>Column 2</u>                  |
| 1. House closing papers                              | 1. Two current utility bills     |
| 2. Deed  | 2. Two current charge statements |
| 3. Mortgage documents                                | 3. Driver’s license              |
| 4. Building permit(s)                                | 4. Tax statement                 |
| 5. Rental agreement/lease                            |                                  |
| 6. Notarized Parent Residency Affidavit<br>(on back) |                                  |

**I UNDERSTAND THAT THE FALSIFICATION OF ANY OF THE ABOVE INFORMATION WILL VOID THEIR OPEN ENROLLMENT APPLICATION. PLEASE TURN IN THE APPLICATION TO THE PRINCIPAL OF THE JACKSON-MILTON SCHOOL BUILDING THE STUDENT WOULD LIKE TO ATTEND.**

\_\_\_\_\_ SIGNATURE – CUSTODIAL PARENT/GUARDIAN

State of Ohio )  
 )  
County of Mahoning )

I, \_\_\_\_\_, having been duly sworn and deposed, hereby state and affirm the following:

1. I am the parent of \_\_\_\_\_
2. I have legal custody of my above-named child, and s/he presently resides with me.
3. My "legal residence" (address) is  
\_\_\_\_\_  
(Street Number and Street) (City) (State) (Zip Code)
4. For purpose of Affidavit, I intend the term "legal residence" to refer to the location where I eat my meals, sleep on a regular basis, receive my mail, and, if applicable, where I am registered to vote.
5. I am the owner/lessee of the address specified above.

FURTHER AFFIANT SAYETH NAUGHT.

\_\_\_\_\_  
\_\_\_\_\_, Affiant

Sworn to before me and subscribed in my presence this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

**NOTICE: READ CAREFULLY –** Knowingly falsifying this document is a violation of Ohio Revised Code Section 2921.13(A) which is a FIRST DEGREE MISDEMEANOR punishable by a prison return of six (6) months and/or a fine of up to \$1,000.00. Further the Affiant will be charged (and prosecuted in court, if necessary) to collect all back tuition to the Jackson-Milton Local Schools for all days my child(ren) illegally attended school.

**For Office Use Only**

Received by \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Principal's Recommendation: Approved \_\_\_\_\_ Deny \_\_\_\_\_

Reason(s): \_\_\_\_\_  
\_\_\_\_\_

Principal Signature/Date: \_\_\_\_\_

Superintendent's Decision: Approved \_\_\_\_\_ Deny \_\_\_\_\_

Signature/Date: \_\_\_\_\_

No student shall be denied admission to the Jackson-Milton Local School District or to a particular course or instructional program or otherwise discriminated against for reasons for race, color, national origin, sex, disability, or any other basis of unlawful discrimination.