



Delaware City Schools
74 W. William St., Delaware, OH 43015
P: (740) 833-1100 F: (740) 833-1149

Time Stamp (office use only):
Inter: _____ Intra: _____

Student Name: _____ DOB: _____
Last Name First Name Middle Name

Grade Level: _____ Age: _____ Gender: M F Race (required in order to comply with state law): _____

Has the student been suspended or expelled for 10 or more consecutive days during the current or prior school year? Yes ___ No ___

Does the current School District provide any special educational programming for your child? Yes ___ No ___

Is this student currently attending the school for which open enrollment is being requested? Yes ___ No ___

Is the parent/legal custodian on Active Duty Military Status AND stationed in Ohio? Yes ___ No ___

We RESIDE in this elementary school attendance area:

- ☐ Carlisle ☐ Conger ☐ Schultz
☐ Smith ☐ Woodward ☐ None

We REQUEST that our student attend:

- ☐ Carlisle ☐ Conger ☐ Schultz ☐ Hayes High
☐ Smith ☐ Woodward ☐ Dempsey Middle

Parent/Legal Custodian Name: _____ DCS Employee: Yes ___ No ___

Address: _____
Street City State/Zip

Phone: (____) _____ - _____ (____) _____ - _____ (____) _____ - _____
Primary Work Cell

Your current School District based on your address (if outside of DCS): _____

Does this student have a sibling(S) attending the school being requested? Yes ___ No ___

Sibling Name: _____ Grade: _____ School: _____

Sibling Name: _____ Grade: _____ School: _____

By signing below, I have read and understand the following:

- The family is responsible for providing transportation to and from school. The District will not provide transportation.
- Reasonable efforts will be made to allow a child to remain in the requested school for subsequent years, but is not guaranteed. Changes to enrollment/class sizes may result in future non-approval.
- Reasonable efforts will be made to honor requests that keep siblings together. Enrollment and class size may not allow for such approvals.
- Arrival to school on time is expected and will be monitored along with daily attendance.
- Any changes in your residency or custody must be communicated to your child's school immediately.
- Between district open enrollment window is March 1st to March 31st.
- Open enrollment is in effect for 1 year.

Parent/Legal Custodian Signature: _____ Date: _____

District Administration Use Only <i>Recommendation of Building Principal</i> Approved _____ Denied _____ _____ Signature _____ Date	District Administration Use Only _____ Approved with condition: Academics, attendance, and behavior _____ Not Approved Reason: _____ _____ <i>Superintendent/Designee</i> <i>Date</i>
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OFFICE USE ONLY

1st Contact Date: _____ Initial: _____ Return: _____ Employee: Yes / No INTER / INTRA

Student's Name: _____ IEP: Yes/ No

Siblings: _____

• District/Building last school year: _____

• INTRA OE: Going from _____ to _____ OE Start Date: _____

• Building home in DCS: Closing Date: _____ Move in Date: _____

• Buying existing home in DCS: Closing Date: _____ Move in Date: _____

• Notes: _____

Res. Parent lives in another district? Yes/ No Parent Name: _____

Non res. Parent will file for Custody if OE is denied? Yes/ No Phone: (____) _____ - _____

Parent/Guardian name, address and phone # that the student is living with:

_____ Approved VM Left: _____ Spoke with: _____ Date: _____

_____ Denied VM Left: _____ Spoke with: _____ Date: _____

_____ OE Cancelled by Parent Reason: _____

Registration done? Yes/ No OE Spreadsheet Updated: _____ Date: _____