

Covington Exempted Village School District (IRN: 045336)

INTER-District Open Enrollment Application

Use this application when applying from OUTSIDE the Covington EVSD.

School Year Applying For: 2026 - 2027

NOTE: This application MUST be submitted to the Superintendent's office no later than Monday, April 20, 2026, at 3:00 p.m.

Complete Student Information (Please print and use BLACK or BLUE Ink)

First Name: _____	Middle Name: _____	Last Name: _____
Student Address: _____	☐ Male ☐ Female	
City, State, Zip: _____	Date of Birth: _____ Month Day Year	
Phone: _____	City of Birth: _____	
Parents/Guardian: _____	Email: _____	
☐ Asian/Island Pacific ☐ Native American ☐ Other: _____		
Native Language: ☐ English ☐ Spanish ☐ Japanese ☐ Other: _____		

NON-RESIDENT FOLLOWING PARENT who is DISTRICT EMPLOYEE ☐ Yes ☐ No

Complete School Information (Please print and use Black or BLUE Ink)

District of Legal Residence: _____
Building attended in 2025-2026: _____ Grade Level _____
Building requested for 2026-2027 : _____ Grade Level _____
High School - List Specific Courses Desired: _____
Reason for Request: _____
Is the student enrolled in a special program? ☐ Yes ☐ No If yes, explain: _____
Was the applicant suspended or expelled for ten (10) days or more during the prior semester? ☐ Yes ☐ No

Siblings Applying/Attending Covington: _____

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

I agree to abide by the procedure and policies that have been established. (A copy of the Inter-District Open Enrollment Plan is available upon request.)

DO NOT WRITE BELOW THIS LINE – OFFICE USE ONLY

Date Received: _____	☐ Approved ☐ Denied	Effective Date: _____
Reason for Denial: _____		
Effective Date of Open Enrollment: _____		

Date Parent Copy Sent: _____	Adjacent District Superintendent Copy Sent: _____
_____	_____
Date Filed	Superintendent Signature

Covington Exempted Village School District 807 Chestnut St, Suite B Covington OH 45318