



PIKE-DELTA-YORK LOCAL SCHOOLS INTERDISTRICT OPEN ENROLLMENT APPLICATION

<input type="checkbox"/>	2020-2021
<input type="checkbox"/>	NEW
<input type="checkbox"/>	RENEWAL

Phone: 419-822-3391

504 Fernwood Street, Delta, Ohio 43515

*This application must be returned to the Superintendent's Office between **March 1st** and **April 30th**.
Open enrollment is on a yearly basis; an application must be submitted for each student for each year.*

Student Name: _____ **Grade Entering in 2020-2021** _____

Student Address: _____

Street _____ City _____ Zip _____
Student Date of Birth: ____/____/____ **Place of Birth:** _____

School District of Residence: _____ **County of Residence:** _____

Does student have a current IEP? Yes No
(Please provide copy of current IEP.)

Does student have a 504 Plan? Yes No
(Please provide copy of 504 Plan.)

Has your child ever been expelled or suspended for the previous or current school year? Yes No

Reason(s) you wish to transfer:

___ Course offerings ___ Geographic Location ___ Athletic/Extra Curricular Programs
___ Education Programs ___ Other

Please explain reason. _____

Father's Name: _____ **Father's Phone:** _____

Mother's Name: _____ **Mother's Phone:** _____

My signature indicates awareness that completion of this application does **NOT** provide any permission to change district attendance. It is merely a request to do so. I further understand that notice of approval or denial will be received no later than June 30th.

My signature indicates that administrators of resident district and the district where attendance is desired may exchange all information and records relative to my child.

Please provide Proof of Residency with this application. This application will not be processed without it.

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

**If you have guardianship, sole custody or shared parenting of this student and there are applicable custody court papers, they must accompany this application. Failure to provide this paperwork will result in delay and possible denial of application.*

Received by: _____	Date Received: _____
Superintendent's Signature: _____	Date: _____
Reason for denial: _____	___ Approved ___ Denied