

**MARIETTA CITY SCHOOLS
INTERDISTRICT OPEN ENROLLMENT APPLICATION**

--A separate application and approval is required annually for each student--

Check one: **New Student** **Returning Student**

Name of Student _____ Date of Birth _____

School District of Residence _____

Last School Attended _____

Name of School Requested _____

If the school you requested is not available, would you be willing to consider another school? _____

For Marietta High School -- List desired courses: _____,
_____, _____, _____, _____,

Grade Level of Student for 20__ - 20__ School Year _____
Is there a current IEP? _____ Yes _____ No (If yes, please attach a current copy)
Is there a current 504 Plan? _____ Yes _____ No (If yes, please attach a current copy)
Has child been expelled or suspended during the current or immediately preceding semester? _____

Name of Legal Guardian _____

Relationship, if other than parent _____

Address of Residence (no P.O. Box) _____

City _____ State _____ Zip _____
Mailing Address _____

City _____ State _____ Zip _____
Phone (Home) _____ Phone (Work) _____
Phone (Cell) _____ E-mail Address _____

I FURTHER UNDERSTAND THAT APPROVAL IS GRANTED FOR ONE YEAR ONLY AND MY CHILD MAY HAVE TO RETURN TO HIS/HER HOME SCHOOL THE FOLLOWING YEAR.
Signature _____ Date _____

APPLICATION MUST BE RECEIVED BY THE SUPERINTENDENT, BOARD OF EDUCATION OFFICE, 111 ACADEMY DRIVE, MARIETTA, OH 45750 THROUGH THIS PROPOSAL NO LATER THAN 4:30 PM ON **MAY 31**, OR ON THE FOLLOWING MONDAY IF MAY 31 FALLS ON A SATURDAY OR SUNDAY. APPLICATIONS WILL BE REVIEWED MID-AUGUST. NOTIFICATIONS WILL NOT BE MADE UNTIL THEN.

NOTE: The District reserves the right to reassign interdistrict students during the first two (2) weeks of school to a different school within the District to achieve balance in class size.
NOTE: Previous attendance will be taken into consideration.
NOTE: Transportation of students transferred at parental request shall be the sole responsibility of their parents/guardians; however, existing bus routes may be utilized when space is available.

FOR OFFICE USE ONLY
Date Received _____ Time Received _____
School Approved _____ Rejected _____ Date _____
Reason _____
Superintendent's Signature _____