

**MARIETTA CITY SCHOOLS
INTRADISTRICT OPEN ENROLLMENT APPLICATION**

--A separate application is required for each student--

Check One: **New Student** **Returning Student**

Name of Student _____ Date of Birth _____

Name of Attendance Area School _____

Name of Schools Requested--1st Choice _____

2nd Choice _____

Grade Level of Student for 20__ - 20__ School Year _____

Indicate any special services your child is receiving _____

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, 111 ACADEMY DRIVE, MARIETTA, OH 45750, THROUGH THIS PROPOSAL NO LATER THAN 4:30 PM ON **APRIL 30**, OR ON THE FOLLOWING MONDAY IF APRIL 30 FALLS ON A SATURDAY OR SUNDAY.

NOTE: Requests for intradistrict open enrollment for students entering kindergarten will be evaluated after Labor Day. Parents of kindergarten students will be notified no later than Friday after Labor Day.

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

Approved _____ Rejected _____ Date _____

Reason _____

Superintendent's Signature _____

