

KETTERING CITY SCHOOL DISTRICT
APPLICATION
INTRA-DISTRICT OPEN ENROLLMENT REQUEST
2019-2020

Student Name _____ Date _____

Date of Birth _____ Grade 2019-2020 School Year _____

Parent/Guardian Name _____

Address _____

Preferred Phone Numbers _____

Email Address _____

My Child's residential home school is _____ School, but I am requesting my child attend

1st Choice _____ 2nd Choice _____

Select one box only

- I am completing this application for open enrollment for the Current 2019-2020 school year **only**
- Elementary - I am completing this application for my child to be open enrolled through end of Grade 5
- Middle School - I am completing this application for my child to be open enrolled through end of Grade 8

If your child is enrolled in any special education or tutorial program, please explain below:

Transportation is not guaranteed for students accepted in the intra-district open enrollment plan. Are you able and willing to provide transportation if the district cannot transport your child to the requested school?

I will provide transportation: Yes ___ No ___

Please summarize the reasons you are requesting the transfer: _____

I have read the stipulations of the intra-district open enrollment plan and agree to abide by procedures and policies that have been established.

Parent/Guardian Signature: _____

COMPLETED APPLICATION SHOULD BE SENT TO:
KETTERING CITY SCHOOLS
STUDENTS SERVICES DEPARTMENT
500 LINCOLN PARK BLVD, 3RD FLOOR KETTERING, OH 45429
EMAIL - julie.korosei@ketteringschools.org FAX - 937-499-1519

For office use only:

Parent Notification: Date: _____ Time: _____ Approved: _____ Denied: _____

Reason _____

Signature of Official _____

Date Received: _____ Time Received: _____ District Notifications Faxed: _____

2019-2020