

## TALAWANDA SCHOOL DISTRICT

Open Enrollment Application – 2021/2022 SY

Ohio students (Grades K-12) living outside the Talawanda School District

Student's Name:	21/22 Grade:					
Address:		Phone:				
City/Zip Code:		Renewal New Request				
Date of Birth:	District of Residence:					
Current School:						
If Kindergarten, indicate preferen	ce: □Full Day □Half Day	■ Is parent a TSD employee: □Yes □No				
If applying for elementary enrollment	ent, please indicate building p	reference by number (1st, 2nd, 3rd choice):				
Bogan:	Kramer:	Marshall:				
Parent/Custodian:		Phone:				
Address:		Work/Cell:				
City:	County:	Zip Code:				
Email Address:						
List names of siblings also applying for open enrollment in Grades K-12. Must have individual application for each child.		Received:				
Name:	Grade:					
Name:	Grade:					
Name:	Grade:					
Name:	Grade:					

Note: If so, approv appropriate staffing	al of this request will be	tion for the upcoming school year be based on the grade level spec oted during the school year, a ne	cified and	□ No
Has this student been expelled from the District of Residence?			☐ Yes	☐ No
	ly receiving special educh a copy of the curren		☐ Yes	□ No
understand that falsific		ne accuracy and truthfulness of ormation contained herein may va City School District.		
<ol> <li>Transportation will</li> <li>Approval is subject to</li> <li>Applications will be approval by mail.</li> <li>I have read the distr</li> </ol> Applications will be	to space availability. acted upon no later than Au ict's guidelines on open enr accepted from April	students admitted through the Open ugust 1, 2021 and parents/guardians wi rollment and agree to abide by the polic 1, 2021 – June 4, 2021, and parents, regular mail or in person s	rill be notified of approval cies. aperwork can be s	ubmitted
Parent/Guardian's Sig	ınature		Date	<del></del>
FOR OFFICE USE	ONLY			
Received by:		Date/Time:		
Approved	Reason:			
Rejected				
Date:	Signature of Superint			

3/21