

CLAYMONT CITY SCHOOLS

201 N. Third Street – Dennison, OH 44621 – (740) 922-5478

INTERDISTRICT OPEN ENROLLMENT APPLICATION

Name of Student _____ Date _____

Social Security Number _____ Date of Birth _____

Parent/Guardian's Name _____

Address _____ City/State/Zip _____

Phone Number _____ Grade Level Next Year _____

School District Student Currently Attends _____

Race (Check One) American Indian Asian Black Hispanic Multi-Racial White

Special Education Classes Required _____

Income below federal poverty line: Yes No

Has student been expelled or suspended from school: Yes No

NAME OF SCHOOL DISTRICT OF RESIDENCE _____

• HIGH SCHOOL STUDENT ONLY

• Number of high school credits earned at the end of current school year _____

• If for specific high school course or special classes, list desired classes below:

Signature of Parent/Guardian _____ Date _____

Application must be received no later than **3:00 p.m. on March 31st at the Claymont Board of Education Office at 201 N. Third Street, Dennison, Ohio.** Applications will be considered on a first come first serve basis. Requests will be acted upon no later than June 19th.

FOR OFFICE USE ONLY

Date Received _____ Time Received _____ By _____

Signed by Parent to Document Date & Time _____

(Circle One) **APPROVED** **REJECTED**

REASON _____

Signature of Superintendent _____ Date _____