



TALAWANDA CITY SCHOOL DISTRICT

Open Enrollment Application – 2025/2026 SY

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

Name: _____ 25/26 Grade: _____

Address: _____ Phone: _____

City/Zip Code: _____ Renewal New Request

Date of Birth: _____ District of Residence: _____

Current School: _____

● Is parent a TSD employee: Yes No

If applying for elementary enrollment, please indicate building preference by number (1st, 2nd, 3rd choice).

Bogan:	Kramer:	Marshall:
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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.

Name: _____ Grade: _____

Name: _____ Grade: _____

Name: _____ Grade: _____

Name: _____ Grade: _____

Received Date/Time:

Has your child been recommended for retention for the upcoming school year? Yes No

Note: If so, approval of this request will be based on the grade level specified and appropriate staffing. If your child is promoted during the school year, a new open enrollment application must be submitted.

Has this student been expelled from the district of residence? Yes No

Is this student currently receiving special education services? Yes No

If Yes, please attach a copy of the current IEP or 504 Plan.

Applications will be accepted from April 7, 2025 – June 6, 2025. Paperwork can be submitted via email (turnerk@talawanda.org), regular mail, or in person starting on April 7, 2025 at 8:00 a.m. If you choose to send via email, please designate in the subject line of your email -- “Open Enrollment”.

Terms and Conditions:

1. *Permit is valid only for the school year granted.*
2. ***Transportation will not be provided for any students admitted through the Open Enrollment process.***
3. *Approval is subject to space availability.*
4. *Applications will be acted upon no later than August 1, 2025 and parents/guardians will be notified of approval/non-approval by mail.*
5. ***My signature acknowledges that I fully understand and agree with the terms and conditions stated above.***

I attest that my signature below confirms the accuracy and truthfulness of all requested information. I understand that falsification of any of the information contained herein may void this application and/or the enrollment of my child(ren) in the Talawanda City School District.

Parent/Guardian’s Signature

Date

FOR OFFICE USE ONLY

Received by:		Date/Time:	
<input type="checkbox"/> Approved	Reason:		
<input type="checkbox"/> Rejected			
Date:	Signature of Superintendent:		