



# TALAWANDA CITY SCHOOL DISTRICT

## Open Enrollment Application – 2024/2025 SY

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

Name: \_\_\_\_\_ 24/25 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 (1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup> 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 2, 2024 – June 7, 2024. Paperwork can be submitted via email ([turnerk@talawanda.org](mailto:turnerk@talawanda.org)), regular mail, or in person starting on April 2, 2024 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, 2024 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:		