



ZANESVILLE CITY SCHOOLS INTERDISTRICT OPEN ENROLLMENT APPLICATION



A separate application is required for each student

PLEASE PRINT

Application Date: _____

Student Name: _____

LAST

FIRST

MIDDLE

Name of Parent(s) or Guardian(s): _____

Street Address: _____

HOUSE NO. & STREET

CITY

ZIP CODE

Mailing Address: _____

(ONLY IF DIFFERENT)

P.O. BOX or HOUSE NO. & STREET

CITY

ZIP CODE

If this is a change of address, please indicate the date the new address took effect: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

PLEASE CIRCLE THE PREFERRED TELEPHONE NUMBER

School District of Residence: _____ Current School: _____

Grade Level of Student
for Upcoming School Year: _____ Birthdate: _____

Name(s) of School(s) Requested *(please list each choice)*:

1. _____
2. _____
3. _____

Is this student currently receiving Special Education services? **Y** **N** *(If yes, please attach a copy of the current IEP)*

Has the student been suspended or expelled *(this or previous semester)*? **Y** **N**

Why do you choose Zanesville City Schools? _____

Please indicate the results of Ohio State Testing (OST): _____

If open enrollment request is approved, transportation will be the responsibility of the parent or guardian. (INITIAL HERE: _____)

I have read the stipulations of the Interdistrict Open Enrollment Plan on the attached sheet, and agree to abide by the procedures and regulations that have been established.

SIGNATURE of Parent / Guardian

**APPLICATION MUST BE RECEIVED BY THE STUDENT SERVICES OFFICE
OF ZANESVILLE CITY SCHOOLS NO LATER THAN 4 P.M. ET ON MARCH 31ST.**

No student shall be denied admission to the Zanesville City School District or to a particular course or instructional program, or otherwise discriminated against for reasons of race, color, national origin, sex, disability, or any other basis of unlawful discrimination.