

# Harrison Hills City School District

730 Peppard Ave.

Cadiz, OH 43907

## OPEN ENROLLMENT APPLICATION

\_\_\_\_\_ **Inter** \_\_\_\_\_ **Intra**

Please complete a separate application for each student.

Return completed form to the office of the Superintendent at the above address.

Date \_\_\_\_\_

Name of Student \_\_\_\_\_  
First Middle Name Last

Date of Birth \_\_\_\_\_ Birthplace City \_\_\_\_\_

Mothers Maiden Name \_\_\_\_\_ Phone# \_\_\_\_\_

Name of Parent/Guardian \_\_\_\_\_

Physical Address \_\_\_\_\_  
\_\_\_\_\_

Present School District of Residence \_\_\_\_\_

School Building presently attending \_\_\_\_\_

Building requested for student for **2012-2013** school year \_\_\_\_\_

Grade Level of student for **2012-2013** school year \_\_\_\_\_

Is this student enrolled in any special education, tutorial or gifted programs? If yes, please explain:

\_\_\_\_\_

If for specific courses and/or reasons, please list \_\_\_\_\_,

\_\_\_\_\_, \_\_\_\_\_,

I have read the procedures and policies of the open enrollment program and understand the regulations.

\_\_\_\_\_  
Signature of Parent/Guardian

*No student will be denied admission for reason of race, color, national origin, sex, handicap, or any other basis of unlawful discrimination.*