



533 Dayton Street • P.O. Box 627 • Hamilton, Ohio 45012
Phone 513.887.5000 • Fax 513.868.4470

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INTERDISTRICT OPEN ENROLLMENT APPLICATION

(Students living outside the Hamilton City School District)

(MUST RE-APPLY FOR OPEN ENROLLMENT EVERY SCHOOL YEAR)

Student Name _____ 1st School Choice _____

Date of Birth _____ 2nd School Choice _____

Student's Address _____ Telephone _____

City/Zip Code _____

Parent's/Custodian's Name _____ Telephone (Home) _____

Street Address _____ (Work) _____

City _____ Zip Code _____

School District of Residence _____

School Student is Currently Attending _____

Address _____ Telephone _____

(1.) If for specific high school courses, please list desired courses.

(2.) If for vocational programs, please list courses and levels.

Current Grade _____

Grade for Upcoming School Year _____

Parents/students will provide transportation to and from school.

Transportation will be needed from a current Hamilton City School District bus stop.

Location of bus stop _____

Please check if your child will require any of the following special services:

- | | |
|--|--|
| <input type="checkbox"/> SLD Tutoring | <input type="checkbox"/> SLD Resource Room |
| <input type="checkbox"/> CD Class | <input type="checkbox"/> ED Class |
| <input type="checkbox"/> MD Class | <input type="checkbox"/> OH Class |
| <input type="checkbox"/> Speech & Language Therapy | <input type="checkbox"/> Adapted Physical Education |
| <input type="checkbox"/> Occupational Therapy | <input type="checkbox"/> Physical Therapy |
| <input type="checkbox"/> Gifted & Talented Program | <input type="checkbox"/> Job Training Vocational Program |
| <input type="checkbox"/> Visually Handicapped | <input type="checkbox"/> Hearing Impaired |

Parent/Guardian's Signature

Date

I attest that my signature above confirms the accuracy and truthfulness of all requested information.

Superintendent

Date

Approved
 Rejected

Applications will be processed in the order in which they are received (first come, first served). Requests will be acted upon by **August 17, 2012**. Parents will be notified of approval or non-approval by mail. **This form must be returned in person to the Office of the Superintendent by June 29, 2012. Applications that are received by mail will not be accepted.**

FOR OFFICE USE ONLY

Received by _____ Date _____ Time _____

Approved Rejected Date _____

Signature of Superintendent _____

Copies
Records Officer
Custodian of Records
Parent

CONSENT FOR STUDENT RECORD RELEASE

STUDENT: _____

ADDRESS: _____

AGE: _____ BIRTH DATE: _____ DATE: _____

A. You are authorized to release the records listed below for the above-named student to: (if self, give own name and address)

Hamilton City School District Instructional Services Department
533 Dayton Street Instructional Fax #: 513-868-447
Hamilton OH 45012-0627

B. Specific Data to be released: (Please check)

_____ All personally-identifiable data on file.

_____ The following records only: (specify)

C. Reason for request: (Please check)

_____ To aid in present and future educational decisions.

_____ Other: (specify)

Date (Signature of parent/guardian/student)
(*Student must be 13 years old or older)
Address: _____

FOR OFFICE USE ONLY

Date Data Released _____ by _____
(Name/Position)

Date Copies Mailed _____ by _____
(Name/Position)

It is the policy of the Hamilton Board of Education to deny admittance to any student if the student has been expelled from the schools of another Ohio school district and the period of the expulsion has not expired.

Student _____ Birth Date _____ Grade _____

Parent/Guardian Section

The student listed above is:

NOT EXPELLED from another school district at this time.

EXPELLED from the _____ School District at this time.

This period of expulsion expires on _____

Parent/Guardian Signature

Date

School Section

The student listed above is enrolling in the Hamilton City School District. Please indicate his/her current

The student listed above is:

NOT EXPELLED from another school district at this time.

EXPELLED from the _____ School District at this time.

This period of expulsion expires on _____

Official School Signature

Date

Title of Official School

School District