Toledo Public Schools - Open Enrollment Application



Student Data — Educational Campus — 1609 N. Summit Street. — Toledo, OH 43604 — 419.671.0020

School Year Applying for

Student Name					ID			New Open Enrollee	
Address					Zip			Request to remain at TPS due to moving out-	of-district
Date of Birth		Male Female	Afr-Amer. Asian	Caucasian Hispanic		_ Native Amer. _ Mullti-racial	Other	All applications are reviewed by the desired/request	
Custodial Parent Name								can be denied based on <u>space</u> , <u>behavior</u> or <u>attendance</u> .	
If parent's address is different from student's address, please provide the parent's address: Parent's phone number:							You DO NOT have to fill out a new application every year. Only if you are moving from Elementary to High School will a new application be needed.		
							Each year the Principal will review all current Open Enrolled students within their building to		
Current School Attending: District of Residence					Desire	ed/Requested Scho	ol:	determine if the student will be allowed to remain for the following year. If your application is denied for the above mentioned reasons, you will be given notice of the denial.	
Grade Level for current Sch	hool Year:	Is Student receiving special education services? Yes No			Special Education Category:			All applications require the recommendation of the requested school Principal first before	
				Parent's Initials			being processed. If an application is turned in to the Student Data office without signatures, it will be forwarded to the requested school Principal to obtain signatures.		
Parent's initials indicate that you have read and understand each of the statements below.						Parent's initials	School Principal		
If court custody papers are available and have not been submitted to the school/district, please provide copies with this application.							Requested School *Required*	<u>Recommendation</u>	
Kindergarten requests may not be confirmed until after start of school year and Kindergarten classes stabilize							I have reviewed this request and my recommendation is:		
I authorize school officials to contact other individuals to verify data relative to this request.							Signature		
If this Open Enrollment is permitted, the parent is responsible for the transportation of the student to the school.								Date School Assistance Center	
If this Open Enrollment is permitted, my child will remain in the school for at least one (1) complete school year. OE's will roll-over year to year, in the same building, unless the principal denies the renewal.							(SAC) *Required* only if special needs student I have reviewed this request and my recommendation is	Recommendation	
A transfer to another school may affect this student's eligibility to participate in sports. Athletic eligibility is to be determined by the director of athletics in conformity with regulations of the Ohio High School Athletic Association and Toledo City Athletic									
League.							Signature		
Students must attend school regularly, arriving on time and arrangements for pick-up after school must be within an appropriate time frame. Students are expected to follow the Code of Conduct and the rules of the school.							Date		
I understand that if this request is authorized, it must meet the conditions as specified in board policy.							TPS OFFICE USE ONLY		
I understand copies of the policy concerning athletic eligibility are available through the principal's office and I am able to review them.							Date Received by School		
I affirm that all information on this form is true as stated and falsification of any information will invalidate this request as well as revoke the existing permit.									
Signature of Custodial Parent							Date Received by Student Data		
							Date		