

**BETHEL-TATE LOCAL SCHOOL DISTRICT**  
**2020-2021 INTERDISTRICT OPEN ENROLLMENT APPLICATION**

675 West Plane Street, Bethel, OH 45106 513-734-2271

Name of Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

For returning students: This is a new address  This is same address as 2019-2020 application

Telephone Number(s) \_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Your School District of Residence: \_\_\_\_\_

School Building Last Attended: \_\_\_\_\_

Grade Level of Student for 2020-2021 \_\_\_\_\_

**HIGH SCHOOL STUDENTS ONLY AND YOU DID NOT ATTEND BETHEL-TATE IN 2019-2020:**  
Provide two years of grades and attendance. Documents accepted – report cards or transcripts.

Number of high school credits anticipated at the end of the 2019-2020 school year \_\_\_\_\_

Has the student been suspended or expelled during the previous or current year?  Yes  No

If yes, please explain:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List other siblings and their grade level who are also applying for open enrollment in the Bethel-Tate Local School District:

_____	_____
_____	_____
_____	_____

Is Student Enrolled in any Special Education or Tutorial Programs? \_\_\_\_\_

Does your child have an IEP ? \_\_\_\_\_ Does your child have a 504? \_\_\_\_\_

**IF YOU ANSWERED YES to either of the above questions, a copy of the student's latest IEP/MFE or 504 plan must be submitted with this application before it will be considered.**

**OVER**

**FOR NEW STUDENTS OR RETURNING STUDENTS WHO HAVE MOVED, YOU MUST ALSO PROVIDE PROOF OF RESIDENCY IN YOUR HOME DISTRICT.**

**ACCEPTABLE PROOF OF RESIDENCY IS:**

**MORTGAGE AGREEMENT OR STATEMENT AND A UTILITY BILL – OR**

**LEASE AGREEMENT AND A UTILITY BILL – OR**

**AFFIDAVIT FROM THE HOME OWNER**

**APPLICATION ALONG WITH PROOF OF RESIDENCY MUST BE DELIVERED TO THE SUPERINTENDENT'S OFFICE BETWEEN**

**APRIL 6, 2020 AT 8:00 A.M. AND MAY 1, 2020, AT 3:30 P.M.**

**BY THE STUDENT'S PARENT OR LEGAL GUARDIAN.**

**APPLICATIONS RECEIVED AFTER MAY 1<sup>ST</sup>, WILL BE PUT ON A WAITING LIST.**

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

\_\_\_\_\_  
Date

*No student shall be denied admission to the Bethel-Tate Local Schools 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.*

.....  
**(For Office Use Only)**

Received by: \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time

Application      Approved \_\_\_\_\_

Denied \_\_\_\_\_

Reasons:  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Official: \_\_\_\_\_

Date: \_\_\_\_\_