

**BETHEL-TATE LOCAL SCHOOL DISTRICT
2019-2020 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 2018-2019 application

Telephone Number(s) _____ Home _____ Work _____ Cell _____

Your School District of Residence: _____

School Building Last Attended: _____

Grade Level of Student for 2019-2020 _____

HIGH SCHOOL STUDENTS ONLY AND YOU DID NOT ATTEND BETHEL-TATE IN 2018-2019:

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 1, 2019 AT 8:00 A.M. AND APRIL 26, 2019, AT 3:30 P.M.

BY THE STUDENT'S PARENT OR LEGAL GUARDIAN.

APPLICATIONS RECEIVED AFTER APRIL 26TH, 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.

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(For Office Use Only)

Received by: _____

Date

Time

Application Approved _____

Denied _____

Reasons:

Signature of Official: _____

Date: _____