

# CLAYMONT CITY SCHOOLS

201 N. Third Street – Dennison, OH 44621 – (740) 922-5478

## INTERDISTRICT OPEN ENROLLMENT APPLICATION

Name of Student \_\_\_\_\_ Date \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

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

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Grade Level Next Year \_\_\_\_\_

School District Student Currently Attends \_\_\_\_\_

Race (Check One)  American Indian  Asian  Black  Hispanic  Multi-Racial  White

Special Education Classes Required \_\_\_\_\_

Income below federal poverty line:  Yes  No

Has student been expelled or suspended from school:  Yes  No

**NAME OF SCHOOL DISTRICT OF RESIDENCE** \_\_\_\_\_

• HIGH SCHOOL STUDENT ONLY

• Number of high school credits earned at the end of current school year \_\_\_\_\_

• If for specific high school course or special classes, list desired classes below:

\_\_\_\_\_  
\_\_\_\_\_

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

Application must be received no later than **3:00 p.m. on March 31<sup>st</sup> at the Claymont Board of Education Office at 201 N. Third Street, Dennison, Ohio.** Applications will be considered on a first come first serve basis. Requests will be acted upon no later than June 19<sup>th</sup>.

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### FOR OFFICE USE ONLY

Date Received \_\_\_\_\_ Time Received \_\_\_\_\_ By \_\_\_\_\_

Signed by Parent to Document Date & Time \_\_\_\_\_

(Circle One)      **APPROVED**                      **REJECTED**

**REASON** \_\_\_\_\_

Signature of Superintendent \_\_\_\_\_ Date \_\_\_\_\_