

RIDGEWOOD LOCAL SCHOOL DISTRICT

INTERDISTRICT OPEN ENROLLMENT APPLICATION FOR 2020-2021 APPLICATIONS MUST BE RENEWED YEARLY AND APPROVED

Date: _____

Grade Level for 2020-21 School Year: _____

I am the parent, custodial parent or guardian parent, and I wish to apply for open enrollment for:

Student's Full Name: _____ Male: _____ Female: _____

DOB: _____ Birth City: _____

Student's current address: _____

City: _____ Home Phone: _____

Check one - **Student living with:** _____ Parents _____ Mother _____ Father _____ Guardian

Name of Parents/Guardian: _____

Address: _____

If parents are separated or divorced, who has legal custody? _____

SCHOOL DISTRICT OF RESIDENCE: _____

Please explain why you are requesting to attend Ridgewood Local Schools:

I understand my child cannot legally attend Ridgewood Local Schools unless he/she is enrolled in my residing school district. Is your child enrolled in your residing district? _____ Yes _____ No

Do you currently attend Ridgewood Local Schools through open enrollment? _____ Yes _____ No

Current Grade and Building _____

Building requested: _____ Elementary PS - 3 Grade Level _____
_____ Middle School 4 - 7 Grade Level _____
_____ High School 8 - 12 Grade Level _____

Special Education classes/services (IEP) required? _____ Yes _____ No

Parent/Guardian Signature _____

Date of Application _____

May 15th is the cut-off date to have this form turned back into the office. **Requests will be considered during June of each year and parents will be notified by June 30th whether this application request has been approved.**

No student shall be denied admission to the Ridgewood Local School District or to a particular course or instructional program or otherwise discriminated against for reason of race, color, origin, sex and handicap or any other basis or unlawful discrimination.

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This area should be completed by your resident school district to comply with open enrollment policies.

The below signature certifies that the student listed below is enrolled in his/her resident district.

Student: _____ School: _____

Signature: _____ Title: _____

District: _____ Date: _____

(FOR RIDGEWOOD LOCAL SCHOOLS USE ONLY)

RECEIVED BY: _____ DATE: _____

To be reviewed by the District Superintendent

Approved By: _____ Title: _____

Rejected By: _____ Title: _____

Reason for rejection: _____

Comment: _____