

KETTERING CITY SCHOOL DISTRICT

APPLICATION  
INTRADISTRICT OPEN ENROLLMENT REQUEST

DATE \_\_\_\_\_

STUDENT NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

PARENT/GUARDIAN NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE NO. \_\_\_\_\_ WORK PHONE NO. \_\_\_\_\_

**PLEASE CHECK THE CHOICE THAT APPLIES TO YOUR SITUATION:**

\_\_\_\_ I am completing this application for open enrollment for the **UPCOMING** 20\_\_\_\_ - 20\_\_\_\_ school year. My child **CURRENTLY** attends \_\_\_\_\_ and is in \_\_\_\_\_. I am requesting my child attend \_\_\_\_\_ for the next school year. My child will be in \_\_\_\_\_.  
Building Grade Building Grade

\_\_\_\_ I am completing this application for open enrollment for the **CURRENT** 20\_\_\_\_ - 20\_\_\_\_ school year. My child currently attends \_\_\_\_\_ and is in \_\_\_\_\_. I am requesting my child attend \_\_\_\_\_.  
Building Grade Building

Is student enrolled in any special education or tutorial program? If yes, please explain \_\_\_\_\_

Transportation is **not** guaranteed for students accepted in the intradistrict open enrollment plan. Are you able and willing to provide transportation if the district cannot transport your child to the requested school? \_\_\_\_\_ Yes \_\_\_\_\_ No

I have read the stipulations of the intradistrict open enrollment plan and agree to abide by the procedures and policies that have been established.

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

**APPLICATION SHOULD BE SENT TO KETTERING CITY SCHOOLS, STUDENT SERVICES DEPARTMENT, 3750 FAR HILLS AVE., KETTERING, OH 45429. Applications are considered on a first come-first served basis after new student registration takes place, usually 2 weeks prior to the start of school in August.**

Please summarize the reasons you are requesting the transfer: \_\_\_\_\_

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

\*\*\*\*\*

Parent Notification: Date \_\_\_\_\_ Time \_\_\_\_\_

Approved \_\_\_\_\_ Rejected \_\_\_\_\_ Reason \_\_\_\_\_

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

For office use only: Kettering City School District  
Intradistrict Open Enrollment Application

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