

COSHOCTON CITY SCHOOL DISTRICT

INTERDISTRICT OPEN ENROLLMENT

POLICY AND APPLICATION

2024-2025 SCHOOL YEAR

OFFICE OF THE SUPERINTENDENT

**1207 Cambridge Road
Coshocton, OH 43812**

Phone: (740) 622-1901

NOTE DEADLINE DATES:

March 15 Applications Available
May 3 Deadline for Applications
July 11 Notification of Acceptance

****ALL Applications MUST BE SUBMITTED ANNUALLY before the Deadline****

COSHOCTON CITY SCHOOL DISTRICT INTERDISTRICT OPEN ENROLLMENT POLICY

Guidelines for the renewal or transfer of students, based upon criteria established by the district's administration and in conjunction with recommendations from officials of the Ohio Department of Education, are listed below.

1. Any application for a transfer or renewal of Open Enrollment to Coshocton City School District must be submitted to the Superintendent's office by May 3rd preceding the school year of the requested transfer. Application will be acted upon by July 11th of each year. **One application must be submitted each school year for each student who requests attendance in Coshocton City School District.**

**Any student who has been established in the district, but has had to move after the first quarter, may be considered for Open Enrollment for the remainder of the school year on a case by case basis.*

2. No student will be permitted to attend Coshocton City Schools if the enrollment of the grade level being requested exceeds class size limits of the current negotiated agreement.

3. Once accepted, no students will be displaced during the forthcoming school year should daily admissions cause enrollment to exceed the limits in paragraph number two.

4. Applications from out of district students who are being served under an Individual Education Plan (IEP) or Section 504 Plan shall not be considered if the district is not currently providing the services called for in the IEP, Section 504 Plan, or if enrollment limits become exceeded. Operating Standards for the Education of Children with Disabilities as published by the Ohio Department of Education establish a maximum ratio of students to teacher. This maximum is based on the students' exceptionality. Therefore, a copy of the IEP or Section 504 Plan is required at the time of application.

5. **Applications must be renewed yearly.** Transfers may be discontinued at the discretion of the administration in subsequent years.

6. Renewal applications will be given first consideration. All other applicants will be selected by lottery by the July notification date of each year, if the class enrollment will not allow these students to enter.

7. Parents are responsible for arranging transportation to and from school. Parents may transport their students to an established bus stop, and arrange district transportation to and from the bus stop to the school. Parents must contact the bus coordinator to make arrangements @740-622-1901. **Regular attendance is expected.**

8. Students with discipline problems may be rejected for interdistrict open enrollment if they have been suspended or expelled by a previous district in the current semester or the semester immediately preceding the application.

9. If the district application has been falsified in any manner, the application may be rejected.

10. For reasons of student accounting and state funding, ***students must first be enrolled also in their home district school as a student participating in Open Enrollment.** State funding can then be properly disbursed.

11. ***Please take the application form to your resident district's school office,** *(the school you are now attending or will be attending if not accepted at Coshocton,)* and have your enrollment at that school verified by a school secretary or principal.

Thank you for taking care of this before submitting your application to Coshocton City Schools.

Please keep the first three pages for your information and return the application page to:

**Coshocton City Schools
Office of the Superintendent
Attn: Enrollment
1207 Cambridge Road
Coshocton, OH 43812**

**COSHOCTON CITY SCHOOL DISTRICT
INTERDISTRICT OPEN ENROLLMENT APPLICATION
2024-2025**

Student Full Name: _____ Male _____ Female _____

Student Grade Level for 2024-2025 school year: _____

Date of Birth _____ Birth City _____

Father/Step Father/Guardian: _____ Phone: (H) _____ (W) _____
(Circle One) Full Name

Mother/Step Mother/Guardian: _____ Phone: (H) _____ (W) _____
(Circle One) Full Name

Address _____ How Long? _____

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

Student Siblings

Name _____ Grade _____ Name _____ Grade _____

Name _____ Grade _____ Name _____ Grade _____

Name _____ Grade _____ Name _____ Grade _____

In what district do you reside? _____

Is this application for renewal? Yes _____ No _____

Has your child been retained? Yes _____ No _____ If so, what grade or year? _____

Has your child been accelerated? Whole grade _____ Subject (s) _____

Does your child have a current Individual Education Plan (IEP), Section 504 Plan, Written Education Plan (WEP), or Written Acceleration Plan (WAP)?

Yes _____ No _____ Please Explain _____

Was your child suspended or expelled during the 2023-2024 school year? Yes _____ No _____

If so, for what reason? _____

Please list all schools your child attended last year _____

Please list the extra-curricular activities your child participated in last year (grades 7-12 only): _____

Please explain why you are requesting to attend Coshocton City Schools. _____

PLEASE CHECK EACH ITEM TO VERIFY

___ I have received, read and agree to abide by the Coshocton City School District Open Enrollment Policy. Policy questions may be directed to Matt Nicholas or Becky Fletcher at (740) 622-1901.

___ If an athletic release is necessary, I realize that the process is time consuming and that it is the parent's responsibility to obtain it from the home school district. Athletic eligibility is established by The Ohio High School Athletic Association, and open enrollment students (grades 10-12) are only eligible for 50% participation their first year in a new district if eligibility has been established **in that sport** as a 9th grade student in the **prior** district.

___ I realize my student cannot legally attend Coshocton City School District unless I am enrolled in my residing school district, which is _____.

ALL REQUESTS WILL BE CONSIDERED. NOTIFICATION OF APPROVAL WILL BE PROVIDED BY JULY 11, 2024.

Signed: _____ Date: _____

This area should be filled out and signed to comply with Items 10 and 11 of the policy. If you live in a district other than Coshocton City, please have your application signed by your home district before turning it in.

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

Student _____ School _____

Signature _____ Title _____
(Person Verifying Enrollment)

District _____ Date _____

THIS SECTION FOR COSHOCTON CITY SCHOOL USE ONLY

Received by: _____ Date _____ Time _____

Student's enrollment in their home district has been verified. Yes _____ No _____

Approved by: _____

Rejected by: _____

Reasons: _____

Principal Initials: _____