



OFFICE
USE
ONLY

Student ID _____ SSID _____
Admission Date _____ Home District IRN _____
Building Assigned _____

IRN #044818

OPEN ENROLLMENT APPLICATION 2024-2025

Indicate the following: ☐ New Enrollment ☐ Returning Open Enrollment ☐ Former Resident

Student's Legal Name _____
(Last) (First) (Middle)

Address _____
(Street) (City/State) (Zip)

Birthdate _____ Birth City/State _____ ☐ Male ☐ Female

Mother's Maiden Name _____

School District of Residence _____ 2024-25 Grade Level _____ Participates in School Athletics ☐ Yes ☐ No

Has student been suspended/expelled for more than ten consecutive days during the current school year? ☐ Yes ☐ No

School Requested: ☐ Clark Early Learning Center

☐ Fulton ☐ Horace Mann ☐ Kenwood ☐ Lagonda ☐ Lincoln

☐ Perrin Woods ☐ Simon Kenton ☐ Snowhill ☐ Snyder Park ☐ Warder Park

☐ Hayward MS ☐ Schaefer MS ☐ Roosevelt MS ☐ Springfield HS ☐ School of Innovation ☐ Springfield City Online

The following information is required to be reported by the US Dept. of Education and is also a US Dept. of Agricultural Federal requirement. If any of the following questions are not answered, the student will be coded on a visual basis, per government regulations.

1. Is the student from Hispanic/Latino heritage? ☐ Yes ☐ No
(Hispanic/Latino means a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race)
2. Summative Race/Ethnic Element (check one):
☐ American Indian or Alaska Native ☐ Asian ☐ Black ☐ Hispanic ☐ Multi-racial ☐ Pacific Islander ☐ White
3. Race Detail Element: If your answer to #1 is Yes, or your answer to #2 is Multi-racial, please check one of the following:
☐ Asian ☐ Black ☐ American Indian or Alaska Native ☐ Pacific Islander ☐ White

Does student have an I.E.P? ☐ Yes ☐ No List SPECIAL EDUCATION Services Needed: _____

☐ Approved ☐ Denied By _____ Date _____
(SCSD Official)

Residential Parent/Guardian _____ Relationship _____

Home Phone _____ Cell Phone _____ Work Phone _____

Is Parent/Guardian a current employee with Springfield City School District? ☐ Yes ☐ No

Are any immediate family members active military? ☐ Yes ☐ No If Yes, which Military Branch? _____

Parent/Guardian Signature _____ Date _____

~ PLEASE Read and Complete the reverse side of form ~
Any falsification of information on the application form will render the application null and void.

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(SCSD Official)

NOTIFIED: ☐ Resident District ☐ School Requested ☐ Parent ☐ EMIS ☐ SpEd ☐ Capacity Initials/Date _____

Whereas, we have been informed that if our child, _____
is enrolled in the Springfield City School District from our resident district, we agree to the following:

- If applying for Kindergarten or 1st grade, our child meets the age requirement set forth by our school district of residence.
- If admitted, our child may need to be transferred back to his/her home school at any time during the school year, depending on classroom capacities.
- If our child should require special education services or a reasonable accommodation for a Section 504 disability, he/she may be transferred back to a school in our district of residence or to another school in the Springfield City School District which provides such services or can make the accommodations, if the school he/she is attending cannot provide the same.
- We are aware that we are responsible for providing the transportation for our child to and from the Springfield City School District.
- Ohio High School Athletic Association eligibility guidelines will be in effect for a student in grades 7 - 12. It is the responsibility of the parent/guardian/student to request an athletic release from the Board of Education of the resident district. Any enrolled adjacent-district students who are eligible to participate in interscholastic athletics and who have been released by their home districts may lose their eligibility for an entire year if or when they return to the home district. Students and parents are urged to become aware of and consider these athletic guidelines before making application for Interdistrict Open Enrollment.
- Applicants may be rejected if the student has been suspended or expelled for ten (10) consecutive days or more during the semester of application or the preceding semester.
- Once approved for enrollment, all rules, regulations, and policies of the Springfield City School District shall apply to open enrollment students to the same extent as they apply to native students. Admitted students are expected to adhere to district attendance and discipline policies. Violations may result in immediate withdraw from the Springfield City School District.
- The Springfield City School District reserves the right to revoke the admission of any interdistrict open enrollment student who violates any provision of this policy.
- Once notified, Parents/Guardians must indicate their acceptance of the Open Enrollment.

New or returning students who have recently moved, please provide proof of residency dated within the last 60 days. One of the following is acceptable proof of residency: Deed, Mortgage Statement, Property Tax Bill, County Auditor print out, Lease or Rental agreement, or Utility bill.

Current Open Enrolled Students: Please upload completed form to your Student's Final Forms account.

New Applicant Open Enrollment Students: Please email centralregistration@scsdoh.org with your completed form attached to email.

Parent/Guardian Signature _____ Date _____