



Tecumseh Local School District
INTRADISTRICT OPEN ENROLLMENT APPLICATION
2024-2025

9760 W. National Road
 New Carlisle, Ohio 45344
 Ph. 937-845-3576
 Fax 937-845-4453

Directions:

- Complete this form fully and accurately. Missing or inaccurate data may lead to errors in processing or denial of your application.
- Deliberately providing false information may be grounds for denial.
- Completed form must be submitted to Tecumseh Local Schools by **May 31, 2024**.
- **Must be a current resident of Tecumseh Local School District.**

Student's Full Name (First) _____ (Middle) _____ (Last) _____		
Date of Birth _____	Birth City _____	Native Language _____
Grade Level of Student for 2024-2025:		Grade 2-5 Building Requested in Tecumseh Local School District:
		<input type="radio"/> Donnelville Elementary (2-5) <input type="radio"/> New Carlisle Elementary (2-5)
Please Check One: <input type="radio"/> Returning Open Enrollment <input type="radio"/> New Request	School District and Building Attended Last Year:	Reason for Request:
This information is required to be submitted to the Ohio Department of Education and/or the US Department of Education. Failure to provide this information will require the district to use observer identification.		Is student from Hispanic/Latino heritage? (Hispanic/Latino means a person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race.) <input type="radio"/> Yes <input type="radio"/> No
<input type="radio"/> American Indian/Alaskan Native <input type="radio"/> Asian <input type="radio"/> Pacific Islander <input type="radio"/> Black <input type="radio"/> Hispanic <input type="radio"/> White <input type="radio"/> Multiracial *	* If student is Multiracial, please indicate below: <input type="radio"/> Asian <input type="radio"/> Black <input type="radio"/> Pacific Islander <input type="radio"/> White <input type="radio"/> Alaskan Native/American Indian	
Gender: <input type="radio"/> Female <input type="radio"/> Male	Open Enrollment start date:	
<u>YES NO</u> <input type="radio"/> <input type="radio"/> Has the student been suspended more than ten days or expelled at any time during the 2023-2024 school year or are any disciplinary proceedings pending that could lead to suspension or expulsion? <input type="radio"/> <input type="radio"/> Is the student currently attending Tecumseh Local School District? <input type="radio"/> <input type="radio"/> Are there siblings of the student currently attending Tecumseh Local School District? Name(s) _____ <input type="radio"/> <input type="radio"/> Are there siblings of the student also applying for open enrollment at this time? <input type="radio"/> <input type="radio"/> Does the student receive special education? If yes, does the student have a current Individualized Education Program (IEP)? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> <input type="radio"/> Has the student been referred for a special education evaluation that has not yet been completed?		
Custodial Parent/Guardian Name (please print) _____		Phone _____
Street Address _____		City/State/Zip Code _____
Is parent/guardian a current employee of Tecumseh Local Schools? <input type="radio"/> Yes <input type="radio"/> No		
Signature of Custodial Parent/Guardian: _____		Date: _____
<i>Please sign the accompanying Parent Agreement and return with this application.</i>		

FOR OFFICE USE ONLY

<input type="radio"/> Approved	SSID# _____	Student ID# _____	District of Residence IRN# _____
<input type="radio"/> Denied – Reason for Denial: _____			Notes: _____
Signature of School Administrator: _____		Date: _____	Notification to District of Residence
Received by: _____		Date: _____	<input type="radio"/> Mailed Date: _____ <input type="radio"/> Faxed <input type="radio"/> E-Mail



TECUMSEH LOCAL SCHOOL DISTRICT

PARENT AGREEMENT TO AN INTRA-DISTRICT TRANSFER STUDENT

We have requested that our child be enrolled as an intra-district student in a school we have selected and agree to the following conditions:

- A. If our child should require special education services or a reasonable accommodation for a Section 504 disability, s/he may be transferred back to a school in this district that currently provides such services or can make the accommodation, if the school s/he is attending is not providing the services or cannot make the reasonable accommodation.
- B. We shall provide the transportation for our child either to the school s/he will be attending or to a school bus stop within the assigned building's attendance area.
- C. This enrollment is for the **2024-2025** school year only. We will be required to submit a new Intra-District Open Enrollment Application yearly, during the open enrollment period, for each subsequent school year for which we wish to apply for intra-district open enrollment, in accordance with Tecumseh Local Board of Education Policy.

Student Name

Grade Level

Your signature below indicates your agreement to the conditions listed above, pending District approval of your child's Intra-District Open Enrollment Application.

Parent/Guardian Name [please print]

Parent/Guardian Signature

Date

Return by

Scan/email to: peggy.vanfleet@tecumsehlocal.org
Fax to: 937-845-4453
Mail: Tecumseh Local School District, 9760 W. National Rd., New Carlisle, OH 45344