



**Tecumseh Local School District**  
**INTERDISTRICT OPEN ENROLLMENT APPLICATION**  
**2021-2022**

9760 W. National Road  
 New Carlisle, Ohio 45344  
 Phone 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, 2021**.
- **You are required to provide current proof of residency with this application annually.**

|   |  |   |
|---|--|---|
| <b>Student's Full Name</b> (First) _____ (Middle) _____ (Last) _____  |  |   |
| Date of Birth _____   | Birth City _____   | Native Language _____   |
| <b>Please Check One:</b><br><input type="radio"/> Returning Open Enrollment<br><input type="radio"/> Former Resident<br><input type="radio"/> New to District   | <b>Grade Level of Student for 2021-2022:</b><br>-----  | <b>Building Requested in Tecumseh Local School District (Grades 2-5 - Selected building is not guaranteed):</b><br><input type="radio"/> Tecumseh High School (9-12) <input type="radio"/> Medway Elementary (PS)<br><input type="radio"/> Tecumseh Middle School (6-8) <input type="radio"/> New Carlisle Elementary (2-5)<br><input type="radio"/> Donnelville Elementary (2-5) <input type="radio"/> Park Layne Elementary (K-1) |
| District and School Building Attended Last Year: _____  |  |   |
| 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.)<br><input type="radio"/> Yes <input type="radio"/> No   |
| <input type="radio"/> American Indian/Alaskan Native <input type="radio"/> Asian<br><input type="radio"/> Pacific Islander <input type="radio"/> Black<br><input type="radio"/> Hispanic <input type="radio"/> White<br><input type="radio"/> Multiracial *   | * If student is Multiracial, please indicate below:<br><input type="radio"/> Asian <input type="radio"/> Black<br><input type="radio"/> Pacific Islander <input type="radio"/> White<br><input type="radio"/> Alaskan Native/American Indian |   |
| <b>Gender:</b> <input type="radio"/> Female <input type="radio"/> Male  |  | <b>Open enrollment begin date:</b> _____  |
| <b>YES NO</b><br><input type="radio"/> <input type="radio"/> Has the student been suspended more than ten days or expelled at any time during the 2020-2021 school year or are any disciplinary proceedings pending that could lead to suspension or expulsion?<br><input type="radio"/> <input type="radio"/> Is the student currently attending Tecumseh Local School District?<br><input type="radio"/> <input type="radio"/> Are there siblings of the student currently attending Tecumseh Local School District? Name(s) _____<br><input type="radio"/> <input type="radio"/> Are there siblings of the student also applying for open enrollment at this time?<br><input type="radio"/> <input type="radio"/> Does the student receive special education?<br>If yes, does the student have a current Individualized Education Program (IEP)? <input type="radio"/> Yes <input type="radio"/> No<br><input type="radio"/> <input type="radio"/> Has the student been referred for a special education evaluation that has not yet been completed? |  |   |
| <b>Custodial Parent/Guardian Name</b> (please print) _____  |  | Phone _____   |
| Street Address _____  |  | City/State/Zip Code _____   |
| School District of Residence (where parent/guardian currently resides): _____   |  |   |
| 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<br><input type="radio"/> Mailed                      Date: _____<br><input type="radio"/> Faxed<br><input type="radio"/> Electronic Mail |
| Received by: _____                                      |             | Date: _____       |  |

**TECUMSEH LOCAL SCHOOL DISTRICT**  
**PARENT AGREEMENT TO AN INTER-DISTRICT TRANSFER STUDENT**

We have been properly informed that our child is to be enrolled in a school we have selected in an adjacent district 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 **2021-2022** school year only. We will be required to submit a new Inter-District Open Enrollment Application yearly, during the open enrollment period, for each subsequent school year for which we wish to apply for inter-district open enrollment, in accordance with Tecumseh Local Board of Education Policy.
- D. **Current proof of residency is submitted with this parent agreement. If our residence changes we will submit updated proof of residency.**

\_\_\_\_\_  
*Student Name*

\_\_\_\_\_  
*Grade Level*

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

\_\_\_\_\_  
*Parent Signature*

\_\_\_\_\_  
*Parent Signature*

\_\_\_\_\_  
*Date*

**Return to:**

Scan/email to: [Peggy.VanFleet@TecumsehLocal.org](mailto:Peggy.VanFleet@TecumsehLocal.org)

Fax to: 937-845-4453

Mail: Tecumseh Local School District, 9760 W. National Rd., New Carlisle, OH 45344