

# Tecumseh Local School District INTERDISTRICT OPEN ENROLLMENT APPLICATION 2024-2025

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 along with proof of residency must be submitted to Tecumseh Local Schools by May 31, 2024.

<ul> <li>Proof of residency can be one of the following – current utility bill, lease agreement, or mortgage statement.</li> </ul>			
Student's Full Name (First) (Middle) (Last)			(Last)
Date of Birth Birth Cit		ity	Native Language
Please Check One: Grade Level		Building Requested in Tecumseh Local School District	
O Returning Open Enrollment of Student for (Requested building for grades 2-5 is not guaranteed)			
O Former Resident	2024-2025:	O Tecumseh High School (9-12)	O Medway Elementary (PS)
O New to District		• Tecumseh Middle School (6-	, , , ,
		O Donnelsville Elementary (2-5	) O Park Layne Elementary (K-1)
District and School Building Attended Last Year:			
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the US Department of Education. F district to use observer identification		this information will require the	heritage? (Hispanic/Latino means a
district to use observer identification	on.	* If student is Multiracial,	person of Cuban, Mexican, Puerto Rican, South or Central American or
O American Indian/Alaskan Native O Asian		please indicate below:	other Spanish culture or origin,
O Pacific Islander	O Black	O Asian O Blace	-
O Hispanic	<b>O</b> White	O Pacific Islander O Wh	
O Multiracial *		O Alaskan Native/American Ind	dian O Yes O No
<b>Gender:</b> O Female O	Gender: O Female O Male Open enrollment start date:		
YES NO			
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?			
O O Is the student currently attending Tecumseh Local School District?			
O Are there siblings of the student currently attending Tecumseh Local School District? Name(s)			
• Are there siblings of the student also applying for open enrollment at this time?			
O O Does the student receive special education?			
If yes, does the student have a current Individualized Education Program (IEP)? • • • • • • • • • • • • • • • • • • •			
O 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			
School District of Residence (where			
parent/guardian currently resides):			
Is parent/guardian a current employee of Tecumseh Local Schools? • • • • • • • • • • • • • • • • • • •			
Signature of Custodial Parent/Guardian: Date:			
Please sign the accompanying Parent Agreement and return with this application.			
FOR OFFICE USE ONLY			
O Approved SSID#		Student ID#	District of Residence IRN#
O Denied – Reason for Denial:			Notes:
Signature of Date:			Notification to District of Residence
School Administrator:			O Mailed Date:
			O Faxed O E-Mail

#### **TECUMSEH LOCAL SCHOOL DISTRICT**



#### PARENT AGREEMENT TO AN INTER-DISTRICT TRANSFER STUDENT

We have requested that our child 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 **2024-2025** 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 (utility bill, lease agreement, or mortgage statement) 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/Guardian Name [please print]

Parent/Guardian Signature

## **Return by**

Date

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