

RIVERDALE LOCAL SCHOOLS
INTERDISTRICT OPEN ENROLLMENT APPLICATION

For School Year: **2017 - 2018**

The transfer of a student into the Riverdale Local Schools District shall be in accordance with the Interdistrict Open Enrollment Policy (see back).

Today's Date: _____

Name of Student: _____
 First **Middle** **Last**

Student SS#: _____ Student Date of Birth: _____

Student Place of Birth (City/State): _____ Sex: Male _____ Female _____

Ethnicity (circle one): African American, Hispanic, Asian, American Indian, Multi Racial, White, Other

Is the student from Hispanic/Latino heritage? Yes _____ No _____

Parent/Guardian Name: _____ Mother's Maiden Name: _____

Address: _____ City: _____ Zip: _____ Address Effective Date: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

SCHOOL DISTRICT OF RESIDENCE: _____ Grade Level for 17/18: _____

Has the student been suspended or expelled for 10 consecutive days or more at any one time during the current school year? YES _____ NO _____

Does the student's educational program include an Individualized Educational Plan (IEP)? YES _____ NO _____

Parent/Guardian Signature: _____ Date: _____

I have read the accompanying Interdistrict Open Enrollment Policy and agree to the terms and conditions stated.

RETURN TO: Superintendent's Office
RIVERDALE LOCAL SCHOOLS
20613 SR 37
Mt. Blanchard, OH 45867

DEADLINE: June 1

(For Office Use Only)

Received by: _____ Date: _____ Time: _____
Approved by: _____ Rejected by: _____

Reason(s): _____

Copy sent to Resident District: _____ / _____ / _____

Effective Date: _____ / _____ / _____

COMPLETE ONE APPLICATION PER STUDENT