



MOUNT VERNON CITY SCHOOL DISTRICT
 OPEN ENROLLMENT APPLICATION for the 2016-2017 School Year

(Submit Form to the Superintendent's Office - 300 Newark Road, Mount Vernon, OH 43050 - 740-397-7422)
For Full Time Students Only

Date of Application: _____ Student Start Date: _____ District of Residence: _____

Student's Legal Name: _____

Last Name First Name Middle Name

*Student's Address: _____

Street City Zip

Male or Female (please circle one) Age: _____ Ethnicity: _____ Date of Birth: _____

Grade Level (2016-2017 School Year): _____ District/Building Student Last Attended: _____

Has this student been suspended or expelled from school? Yes or No (please check one)

Does this student have an IEP for special education (if yes, please attach a copy of IEP) Yes or No (please check one)

_____ **NEW (FIRST TIME) REQUEST** (first-time open enrollment request) - TO BE USED FOR THE OPEN ENROLLMENT TIME FRAME OF APRIL 1-MAY 16, 2016)

_____ **RE-APPLY** (student moved during the 2015-2016 school year and has been instructed to re-apply for the 2016-2017 school year - TO BE USED FOR THE OPEN ENROLLMENT TIME FRAME OF APRIL 1-MAY 16, 2016)

Check (✓) the building requested. If you want additional requests, please number them in order of preference:

_____ Columbia _____ East _____ Twin Oak _____ Middle School _____ Career Center
 _____ Dan Emmett _____ Pleasant _____ Wiggin Street _____ High School

The District is not obligated to provide transportation for open enrollment students; however, if you live near an established bus stop which serves the school that you have applied for and there is available seating, you may register a request with the Transportation Department at 393-5995 or tconant@mvcisd.us. If the bus stop is private property, you will also need the owner's permission.

Please notify the Superintendent's Office if you move from this address. Also, if you move from your present residence and wish to continue open enrollment in the building your child is currently attending, your request may be denied due to class sizes at the time of your request*.

*****The foregoing information is true and accurate. False or inaccurate information will void this application*****

Parent/Guardian Name – (Please Print) _____ Home Phone: _____
 Work: _____
 Cell: _____
 Email: _____

Signature of Parent/Guardian _____

For Office Use Only - Do Not Write In This Section

Date Received: _____ Approved: _____
 Time: _____ Not Approved: _____
 Received By: _____ (Reason) _____
 Signature of Superintendent or Designee: _____

No student shall be denied admission to the Mount Vernon City School District or to a particular course or instructional program or otherwise discriminated against for reasons of race, color, national origin, sex, handicap or any other basis of unlawful discrimination.

(02/18/2016/ts)