



Application

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Grade Level for the 2018/2019 School Year: \_\_\_\_\_

District Residence: \_\_\_\_\_

1. Will any siblings apply for open enrollment or tuition in 2018/2019?
2. Was this student suspended or expelled during the second semester of the 2017/2018 school year?
3. Is this student currently registered in their district of residence school?
4. Does this student have an IEP for special education?
5. **If Yes** to question 4 above, check the special education class in which the student is currently enrolled:  
 Specific Learning Disability     Developmentally Handicapped     Multi-handicapped  
 Severe Behavior Handicapped     Orthopedically Handicapped     Visually handicapped  
 Hearing Handicapped
4. **If Yes** to question 4 above, check the special education service the student is currently receiving:  
 Specific Learning Disability Tutoring     Speech Language Hearing Therapy  
 Other services, please list: \_\_\_\_\_

The undersigned affirms that the foregoing information is true and accurate. False or inaccurate information will void this application. My signature further indicates that I have read the Open Enrollment Guidelines provided to me with this Application.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**FOR OFFICE USE ONLY – DO NOT WRITE IN THIS SECTION**

Received by Administration Office

Postmark  
In Person  
Fax  
E-mail

Rec'd

Date: \_\_\_\_\_  
Time: \_\_\_\_\_  
By: \_\_\_\_\_

For the 2018/2019 school year the foregoing student has been:

\_\_\_\_\_  
APPROVED to Grade \_\_\_\_\_ at \_\_\_\_\_  
\_\_\_\_\_  
DENIED – Class enrollment exceeds established capacity  
\_\_\_\_\_  
DENIED – Discipline (10 or more days out of school suspension)  
\_\_\_\_\_  
DENIED – Services Not Available

\_\_\_\_\_  
Signature of Superintendent

\_\_\_\_\_  
Dated

No student shall be denied admission to the Marlington Local School District or to a particular course or instructional program or otherwise discriminated against for reasons of age, color, national origin, sex, handicap or any other basis of unlawful discrimination.  
Please direct questions regarding open enrollment to the Superintendent of Marlington Local Schools – 330-823-7458.  
Marlington Local Board of Education Policy 5113- Revised 5/2/08 (Updated 3/15/2018)