

## Newton Local School

(District IRN: 048637)

### INTER-District Open Enrollment Application

Use this application when applying from OUTSIDE the Newton Local School District.

School Year Applying For: \_\_\_\_\_ - \_\_\_\_\_

NOTE: This application should be submitted to the District Superintendent between May 1-May 31.

#### Complete Student Information (Please print)

Student First Name:	_____	Middle:	_____	Last:	_____	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Student Address:	_____						
City, State, Zip:	_____						
Phone:	_____						
Parents/Guardians:	_____						
Ethnicity:	<input type="checkbox"/> White	<input type="checkbox"/> Black	<input type="checkbox"/> Multi-Racial	<input type="checkbox"/> Hispanic			
	<input type="checkbox"/> Asian/Island Pacific	<input type="checkbox"/> Native American	<input type="checkbox"/> Other:	_____			
Native Language:	<input type="checkbox"/> English	<input type="checkbox"/> Spanish	<input type="checkbox"/> Japanese	<input type="checkbox"/> Other:	_____		

#### Complete School Information (Please print)

Grade Entering:	_____
School or District of Residing:	_____
School Last Attended or Presently Attending:	_____
School of Request:	_____
High School – List Specific Courses Desired:	_____
Reason for Request:	_____
Is the student enrolled in a special program:	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain:	_____
Has student ever been suspended/expelled from any school district?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are other siblings currently enrolled at or applying for Newton?	<input type="checkbox"/> Yes <input type="checkbox"/> No *separate application(s) required*
*If yes, give name(s) and grade level(s):	_____

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE - OFFICE USE ONLY**

#### Superintendent's Recommendation:

Date Received:	_____	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	SSID#: _____
Superintendent Signature:	_____			
Reason for Denial:	_____			

Date Parent Copy Sent:	_____	Adjacent District Superintendent Copy Sent:	_____
Date of Newton Principal Review:	_____	Principal Signature	_____
Date Filed:	_____		

Newton Local School, 201 North Long St., PO Box 803, Pleasant Hill, OH 45359, Phone: 937-676-2002, Fax: 937-676-2054