

OPEN ENROLLMENT FORM
ELYRIA CITY SCHOOLS / Student Services Department
(440)284-8246

Applications are accepted February 1st through the last Friday in April

Student ID# _____ Date Received _____

If new to the district and applying for Elyria High School, you must provide copies of current transcripts (including end-of-year test scores) and attendance records by emailing them to resardawn@elyriaschools.org.

If already in the district and you have moved, you must also complete the change of address forms and provide 2 Proofs of Residency for this application to be considered.

OPEN ENROLLMENT APPLICATION FOR SCHOOL YEAR: _____
I understand that transportation is not provided for Open Enrolled Students. ____ Initial

List only one child per application form. This application is not valid unless it is signed. Please submit this form no later than the last Friday in April.

You will receive a letter indicating whether or not your request has been approved. Approval of this application is dependent primarily upon building, program and classroom capacity.

Child's name: _____ Grade : _____ Date of Birth: _____

Home address: _____ City: _____ Zip Code: _____

Phone: _____ Gender: M F

Race: White Black Multiracial Hispanic Asian

School Requested _____

If requesting Elyria High, is your intention to attend Lorain County JVS or Early College High School? JVS ECHS

If circumstances change at JVS or ECHS and you wish to attend Elyria High, you must reapply and be approved or return to your home district.

Home School/District _____

Does this child or a sibling already attend this school? Yes No

If yes, names of siblings _____

Check box if your child receives the following services: IEP Speech 504

Why are you requesting Open Enrollment:

Please print your first and last name: _____

I certify that all of the information listed above is true and that I have full legal custody/guardianship of my child.

Parent/Guardian Signature: _____ Date: _____

An application must be submitted for each school year. If your child participates in athletics, your child will be subject to the rules of the Ohio High School Athletic Association.

The undersigned certifies that the information provided above is accurate. Should any of this information be false, I agree to pay the current tuition rate for The Elyria City Schools as specified by Section 3317.08 of the Ohio Revised Code, for each student listed above while illegally attending the Elyria City School District. Further I understand that non-payment could result in my being referred to a collection agency and/or court of appropriate jurisdiction. I also waive my right to confidentiality of this information and allow the Elyria City School District to use any legal means necessary to verify my residence.