Canton Local School District (IRN # 049833)
INTERDISTRICT OPEN ENROLLMENT APPLICATION FOR 2023-2024  SCHOOL YEAR

| Application Date: | District of Residence: | County: | Last School Attended: | Grade Level 2023-2024 *(next* school year) |
|---|---|---|---|---|

| Student's Full Legal Name: | | | | Birthdate: (MM/DD/YY) |
|---|---|---|---|---|
| Street Address: | | | | Gender: Female          Male |
| City: | Zip: | Birth Place City: | | Native Language: |

| Mailing Address (if different): | City: | Zip: |
|---|---|---|
| Home Phone: | Mother Work/Cell: | Father Work/Cell: |
| Email: | Proof of Residency Provided: | SSID: *Office will fill out* |

| | | | |
|---|---|---|---|
| Does your child receive any special education or related services? (Including Speech/Language services) | Yes | No | *See Note Below |
| If Yes, list what service are they receiving? | | | |
| Is there currently an Individual Education Plan on file at district of residence school? (Special Ed. Services) | Yes | No | *See Note Below |
| Have you notified the Resident District of your intention to pursue Open Enrollment? | Yes | No | *See Note Below |
| Is this child a foster placement in your home? | Yes | No | |
| If yes, list name of the Resident District | | | |
| Do you have proper custody paperwork from the court? (if applicable) | Yes | No | |
| Has the student been suspended or expelled in this term or previous term?   If "Yes", how many days?_____ | Yes | No | |

| Legal Parent/Guardian Name: (Print) | Relationship to Student: | Date: |
|---|---|---|
| **Legal Parent/Guardian (Signature):** | | |

*I have read the guidelines and understand that it is the responsibility of the parent/guardian to provide transportation to/from Canton Local Schools*                    *(initials)*

No student shall be denied admission to the Canton Local School District or to a particular course or instructional program or otherwise discriminated against for reasons of race, color, national origin, sex and handicap or any other basis of unlawful discrimination. Some grade levels may not have space available.

NOTE: **Canton Local reserves the right to deny a student based on false information provided by the parent/guardian.**

***Your child must be registered in the Resident School District  - district where the student lives.***

| All items must be complete in order to process the request |
|---|

Return this form to:   **Canton Local Administration Office, 600 Faircrest St SE, Canton, OH 44707**
**Attention: Rachael Taylor, Email: rachael.taylor@cantonlocal.org**
**Phone: (330) 484-8010 Ext. 4058   Fax: (330) 484-8032**

*FOR OFFICE USE ONLY*

| Rec'd By: | Date/Time: | Special Services: *student with IEP* Approved / Not Approved |
|---|---|---|
| Principal Signature:  Circle one:  Approved / Not Approved / Waiting List | | Reason for Non-Approval: |