Tiffin City Schools Open-Enrollment Application 2018-2019 School Year

- 1. One application is to be completed for each child to be enrolled.
- 2. Applications for inter-district open enrollment are approved for one school year only.
- 3. Deadline for applications is May 15 of each calendar year.
- 4. All applications must be returned to the Board of Education Office at 244 S. Monroe St., Tiffin, OH 44883
- 5. All applicants must verify proof of residency. **See back of application for more details.

PRINT CLEARLY	Student Information	PRINT CLEARLY		
Legal Last Name	Legal First Name	Middle Name		
Male Female	Birth City and State	Language spoken at home:		
Address	City	State Zip		
County Ph	one	Grade Level in 2018-19		
Current School Attended and Grade Level		Date of Birth		
List full name and 18-19 grade level of other family members in school:				
Please indicate if the student is presently receiving any of the following special services: IEP (Individualized Education Plan) 504 Plan Number of Suspension/Expulsion Days in Preceding Semester: Is the student enrolled in a vocational school? Yes No School Name: The student is new to the Tiffin City School District? Yes No The student was open enrolled last year at Tiffin City Schools? Yes No The student was a resident of the Tiffin City Schools last school year? Yes No If you have moved to a new address, effective date of the move:				
Parent Information from Birth Certificate or Adoption Papers				
		Work Phone		
Address (if different from student)				
Father's Name	Home Phone	Work Phone		
Address (if different from student)				
(over)				

School District where Custodial Parent resides			
Open Enrollment is being requested	d because		
	Residency Verification		
All applicants for open enrollment mus provide proof will result in a denial of utility bill, rental agreement, purchase a	this application. Residency c	can be verified by attaching a copy of a	
Signature of Custodial Parent		Date	
You will be notified by email of your acceptance or denial. Please print clearly.			
Email address:			
My signature indicates that I have read the guidelines for open enrollment with Tiffin City Schools and agree to abide by the procedures and policies that have been established.			
If you have any questions concerning this process, please call Pat Smith at 419-447-2515. **********************************			
For Office Use Only			
Received by	Date	Time	
Principal's Signature		Date	
Director's Signature		Date	

