

OPEN ENROLLMENT APPLICATION

Date_____

Student Name_____ Date of Birth_____

Home Address_____

City, State, Zip_____ Telephone_____

Parent(s) Name(s)_____

Home Address_____

Telephone_____

School District of Residence_____

Last year of attendance_____ Grade_____

Does your child receive special services through an IEP or 504 Plan?_____

Requesting enrollment in the following:

Grade_____

Courses_____

Programs_____

Applications will be considered on a first-come, first-served basis (date/time of receipt). Three Rivers Schools resident students will have priority to all programs, buildings and grade levels over open enrollment applicants.

Applications will be acted upon no later than August 10. Notification to student's parent(s) and school district of residence superintendent will be made within five working days of action being taken on the application.

Parent(s) will have five days in which to accept and must notify the Three Rivers School District of their intent to enroll the student under the Open Enrollment Policy. Failure to notify Three Rivers School District within the five-day period will result in the acceptance offer being withdrawn.

Parent Signature Date

Parent Signature Date

Student Signature Date

PARENT/GUARDIAN AGREEMENT
TO AN INTERDISTRICT OPEN ENROLLMENT

We have been properly informed that our child is to be enrolled in a school we have selected in an open enrollment district and agree to the following conditions:

1. Our/My child may not be admitted or may need to be transferred back to his/her home school at the end of the semester or the school year, if the maximum number of enrollments in the classroom or program he/she is attending become filled by students of that school district or by tuition students.
2. If our/my child should require special education services or a reasonable accommodation for a Section 504 disability, he/she may be transferred back to a school in their home district or to a school in that district that currently provides such services or can make the accommodation, if the school he/she is attending is not providing the services or cannot make the reasonable accommodation.
3. We/I shall provide the transportation for our child either to the school he/she will be attending or to a school bus stop within that school district if transportation is available. Transportation is not available for high school students.
4. Parents understand that omitting or inaccurate depiction of their child during the application process could result in their child being returned to his/her home district.
5. We/I understand that the enrollment is only for the current school year and we must make the application again next year.

Student Name

Date of Birth

Student's Home Address

Telephone Number

Parent Signature

Date

Parent Signature

Date

Parent's Home Address

Telephone Number

Student Signature

Date

NOTIFICATION OF ACCEPTANCE
OPEN ENROLLMENT DISTRICT STUDENT

Date_____

Name_____

Address_____

City/State/Zip_____

District of Residence_____

Program, courses or grade in which enrollment has been sought: _____

This is to advise that you have been accepted into the above-named program as an Open Enrollment District student. This acceptance has been made possible because there has been less than maximum enrollment by resident native students of this District.

Your application may be rescinded, depending upon the date your application was received, or you may be transferred back to your home school at the end of the semester or the school year, if there is an increase in the enrollment of District students at any time during the school year that increases the number of enrolled students to the maximum that can be accommodated. Any revocations of accepted applications or any transfers will be done in accordance with the dates the applications were received by this District. Failure to comply with school rules may constitute a student's return to his/her home district.

Keep in mind that the enrollment is for the forthcoming school year. This District's Board of Education will review the Interdistrict Open Enrollment Policy annually to determine if the policy is to remain in effect for the next school year.

Contact the building secretary to finalize enrollment.

Three Rivers Elementary	(513) 467-3210
Taylor Middle School	(513) 467-3500
Taylor High School	(513) 467-3200

Three Rivers Local School District
Superintendent Office
401 N. Miami Avenue
Cleves, OH 45002

NOTIFICATION OF NON-ACCEPTANCE
OPEN ENROLLMENT DISTRICT STUDENT

Date_____

Name_____

District of Residence_____

Home School_____

Program, courses or grade for which enrollment has been sought: _____

This is to advise you that your application for admission cannot be accepted for the following reason:

- ☐ The total number of available enrollments were taken by District students.

If an opening occurs after the start of the program, your application may be reconsidered.

- ☐ There are still openings available in the following programs, should you wish to submit an application and you meet the prerequisite requirements (if applicable):

- ☐ Your enrollment will negatively impact the racial balance of your school or of this District.
- ☐ Your child was suspended or expelled for 10 days or more during the semester of application or the preceding semester.

Thank you for your interest in our schools and programs.

Superintendent