

NEWTON FALLS EXEMPTED VILLAGE SCHOOLS
Open Enrollment Application

1. Student's Name _____ Application Date ____/____/____
(Last) (First) (Middle)
2. Date of Birth ____/____/____ Social Security Number ____/____/____
3. Parent(s)/Guardian(s) Name _____
4. Address _____
(number/apt.) (street) (city) (zip code)
5. Home Phone _____ Cell Phone _____ Work Phone _____
6. Current School Attending _____ School Requested _____
7. Was the student receiving Special Education Services, including an I.E.P.?
Yes _____ No _____
8. Has the student been suspended or expelled for 10 or more consecutive days at
any time during the current school year? No _____ Yes _____ If yes, reason?

Grade _____ (Going into for 2020/2021 school year).

Please Note: Transportation of students accepted under open enrollment, is the responsibility of the parent/guardian. If there is an open seat on a bus, existing bus routes may be used to assist parents only if prior permission has been granted by the Newton Falls Exempted Village Schools Transportation Department, 330-872-7295. The information in this application is for Open Enrollment only. Registration information must be completed to be accepted into the District. I have read and understand the attached Open Enrollment Guidelines.

**APPLICATIONS MUST BE RECEIVED IN THE SUPERINTENDENT'S OFFICE
BY SEPTEMBER 1st.**

Parent/Guardian Signature

Date

(For Office Use Only)

Received by: _____ Date: _____

Approved by: _____ Rejected by: _____

Reasons rejected: _____

Resident School District _____ District IRN _____

Revised: July 2018

NEWTON FALLS EXEMPTED VILLAGE SCHOOLS
909½ Milton Blvd.
Newton Falls OH 44444
330-872-5445 ext. 7315 / fax# 330-872-3351

Verification of student registration in school district of residence
Open Enrollment Approval
2020/2021 School Year

Dear Parent/Guardian:

To finalize your approval for open enrollment in the Newton Falls Exempted Village School District for the 2020/2021 school year, your child/ren **must** be registered at your public school district of residence.

Please have your home (resident district) **public** school registrar, sign and date this verification form when you complete their registration process.

Return the completed forms (s) to the Superintendent's Office at 909½ Milton Blvd., Newton Falls, OH 44444.

Your open enrollment will not be accepted without completing and returning this form and the attached application form for the 2020/2021 school year.

To be filled out by parent/guardian

Student Name _____

Parent/Guardian _____

Address _____
Street City Zip Code

Home (Resident District) _____

To be completed by the registrar of your public school district of residence

I verify that the above named student has been registered in the _____

_____ school district on _____.

Building _____

Printed Name _____

Signature _____

Telephone Number ____ ____ ____