

NEWTON FALLS EXEMPTED VILLAGE SCHOOLS  
STATEWIDE OPEN ENROLLMENT APPLICATION

Application Date \_\_\_\_\_

School Requested \_\_\_\_\_

Name of Student \_\_\_\_\_

Custodial Parent/Guardian \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Resident School District \_\_\_\_\_ Grade Level \_\_\_\_\_

If enrolling for special high school courses or special education courses, please list the desired classes:

\_\_\_\_\_ ; \_\_\_\_\_ ; \_\_\_\_\_  
\_\_\_\_\_ ; \_\_\_\_\_ ; \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

APPLICATION MUST BE RECEIVED BY THE SUPERINTENDENT BY  
SEPTEMBER 1<sup>ST</sup>.

-----  
(For office use only)

Received by \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Approved by \_\_\_\_\_ Rejected by \_\_\_\_\_

Reason (s) \_\_\_\_\_

Resident School District \_\_\_\_\_ District IRN \_\_\_\_\_

No student shall be denied admission to the Newton Falls Exempted Village School District or to a particular course or instructional program or otherwise discriminated against for reasons of race, color, national origin, sex, disability, or any other basis of unlawful discrimination.