Harrison Hills City School District
2018-2019 School Year

730 Peppard Ave.
Cadiz, OH 43907

OPEN ENROLLMENT APPLICATION

☐ **Inter** ☐ **Intra**

Please complete a separate application for **each** student.
Return completed form to the office of the Superintendent at the above address or **email to kjohnson@hhcsd.org**

Date: _____

Name of Student: _____
First Middle Name Last

Date of Birth: _____ Birthplace City _____

Mother's Maiden Name _____ Phone#_____

Email _____

Name of Parent/Guardian _____

Physical Address _____

_____

Present School District of Residence _____

School Building presently attending _____

Building requested for student for **2018-2019** school year:_____

Grade Level of student for **2018-2019** school year: _____

Is this student enrolled in any special education, tutorial or gifted programs? If yes, please explain:
_____

If for specific courses and/or reasons, please list_____,_____

_____,_____,_____

I have read the procedures and policies of the open enrollment program and understand the regulations.

_____
Signature of Parent/Guardian

_____
Signature of Superintendent Date

No student will be denied admission for reason of race, color, national origin, sex, handicap, or any other basis of unlawful discrimination.