

COSHOCTON CITY SCHOOL DISTRICT

INTERDISTRICT OPEN ENROLLMENT

POLICY AND APPLICATION

2018-2019 SCHOOL YEAR

OFFICE OF THE SUPERINTENDENT

**1207 Cambridge Road
Coshocton, OH 43812**

Phone: (740) 622-1901

NOTE DEADLINE DATES:

March 26	Applications Available
June 29	Deadline for Applications
August 3	Notification of Acceptance

**COSHOCTON CITY SCHOOL DISTRICT
INTERDISTRICT OPEN ENROLLMENT POLICY**

Guidelines for the renewal or transfer of students, based upon criteria established by the district's administration and in conjunction with recommendations from officials of the Ohio Department of Education, are listed below.

1. Any application for a transfer or renewal of Open Enrollment to Coshocton City School District must be submitted to the Superintendent's office by June 29th preceding the school year of the requested transfer. Application will be acted upon by August 3rd of each year. One application must be submitted annually for each student who requests attendance in Coshocton City School District.

2. No student will be permitted to attend Coshocton City Schools if the enrollment of the grade level being requested exceeds the following:

A. Exceeds the class size limits of current negotiated agreement.

B. No interdistrict transfer will be permitted if the enrollment of the grade level being requested exceeds the following:

<u>GRADE</u>	<u>SECTION</u>	<u>ENROLLMENT LIMIT</u>
K-2	Elementary	22
3-6	Elementary	25
7-8	Coshocton High School	25*
9-12	Coshocton High School	Shall be established on a course by course basis

*Limit for grades 7 & 8 shall be based upon a 25 pupil average per section.

3. Once accepted no students will be displaced during the forthcoming school year should daily admissions cause enrollment to exceed the limits in paragraph number two.

4. Applications from out of district students who are being served under an Individual Education Plan (IEP) or Section 504 Plan shall not be considered if the district is not currently providing the services called for in the IEP, Section 504 Plan, or if enrollment limits become exceeded. Operating Standards for the Education of Children with Disabilities as published by the Ohio Department of Education establish a maximum ratio of students to teacher. This maximum is based on the students' exceptionality. Therefore, a copy of the IEP or Section 504 Plan is required at the time of application.

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5. Applications must be renewed yearly. Transfers may be discontinued at the discretion of the administration in subsequent years.

6. Renewal applications will be given first consideration. All other applicants will be selected by lottery by the August notification date of each year, if the class enrollment will not allow these students to enter.

7. Parents are responsible for arranging transportation to and from school. Parents may transport their students to an established bus stop, and arrange district transportation to and from the bus stop to the school. Parents must contact the bus coordinator to make arrangements @740-622-1901. **Regular attendance is expected.**

8. Students with discipline problems may be rejected for interdistrict open enrollment if they have been suspended or expelled by a previous district for ten (10) days or more in the current term or school year for which application is made or the immediate preceding term or school year.

9. If the district application has been falsified in any manner, the application may be rejected.

10. For reasons of student accounting and state funding, students must first be enrolled also in their home district school as a student participating in Open Enrollment. State funding can then be properly disbursed.

11. Please take the application form to your resident district's school office, (*the school you are now attending or will be attending if not accepted at Coshocton,*) and have your enrollment at that school verified by a school secretary or principal. Thank you for taking care of this before submitting your application to Coshocton City Schools.

Please keep the first three pages for your information and return the application page to:

**Coshocton City Schools
Office of the Superintendent
Attn: Enrollment
1207 Cambridge Road
Coshocton, OH 43812**

**COSHOCTON CITY SCHOOL DISTRICT
INTERDISTRICT OPEN ENROLLMENT APPLICATION
2018-2019**

Student Full Name: _____ D.O.B. _____ S.S. No. _____

Father/Stepfather/Guardian: _____ Phone: (H) _____ (W) _____
(Circle One) Full Name

Mother/StepMother/Guardian: _____ Phone: (H) _____ (W) _____
(Circle One) Full Name

Caregiver: _____ Phone: (H) _____ (W) _____
Full Name

Relationship to Student: _____ Student Lives with (Parent/Guardian/Caregiver) _____

Address _____ How Long? _____

Does your child have a current Individual Education Plan (IEP), Section 504, Written Education Plan (WEP), or Written Acceleration Plan (WAP)?

Explain _____

In what district do you reside? _____ Is there another parent in different district? Yes ___ No ___

Will this student be with you the entire school year? Yes ___ No ___ If not, please explain the custody situation:

Student Grade Level for 2018-2019 school year: _____

If you wish specific high school courses, list desired classes: _____

Please list the extra-curricular activities your child participated in last year (grades 7-12 only): _____

Is this application for renewal? Yes ___ No ___

Is this a first time application to Coshocton? Yes ___ No ___

Has your child been retained? Yes ___ No ___ If so, what grade or year? _____

Has your child been accelerated? Whole grade _____

Subject (s) _____

Was your child suspended or expelled during the 2017-2018 school year? Yes ___ No ___

If so, for what reason? _____

List all schools your child attended last year _____

PLEASE CHECK EACH ITEM TO VERIFY

___ I realize that it is my responsibility as a parent/guardian/caregiver to arrange transportation for the above student and ensure regular attendance/punctuality.

___ I realize that if this application is accepted, my child is expected to attend Coshocton City Schools for the entire school year.

___ The student requesting admission has not been suspended for ten consecutive days or expelled during the preceding term or the 2017-2018 school year.

___ I have received, read and agree to abide by the Coshocton City School District Open Enrollment Policy.
Policy questions may be directed to Kathy Robbins or Becky Fletcher at (740) 622-1901.

___ If an athletic release is necessary, I realize that the process is time consuming and that it is the parent's responsibility to obtain it from the home school district. Athletic eligibility is established by The Ohio High School Athletic Association, and open enrollment students (grades 10-12) are only eligible for 50% participation their first year in a new district if eligibility has been established **in that sport** as a 9th grade student in **prior** district.

___ I realize my student cannot legally attend Coshocton City School District unless I am enrolled in my residing school district, which is _____.

___ I have enrolled my child in my residing district. Is this the last district where you attended? Yes ___ No ___

___ I have attached a copy of my child's most recent grade card, transcript, IEP, Section 504, WEP, and/or WAP.

Please explain why you are requesting to attend Coshocton City Schools. _____

ALL REQUESTS WILL BE CONSIDERED. NOTIFICATION OF APPROVAL WILL BE PROVIDED AFTER AUGUST 3, 2018.

Signed: _____ Date: _____

This area should be filled out and signed to comply with Items 10 and 11 of the policy.

The signature below certifies that the student listed below is enrolled in his/her resident district.

Student _____ School _____

Signature _____ Title _____
(Person Verifying Enrollment)

District _____ Date _____

THIS SECTION FOR COSHOCTON CITY SCHOOL USE ONLY

Received by: _____ Date _____ Time _____

Student's enrollment in their home district has been verified. Yes ___ No ___

Approved by: _____

Rejected by: _____

Reasons: _____
