



Office of the
SUPERINTENDENT

East Palestine City School District

200 West North Avenue
East Palestine, Ohio 44413-1799
Phone: (330) 426-4191
Fax: (330) 426-9592

Dear Parents/Guardians:

I would like to thank you for considering East Palestine Schools as your choice for the 2017-2018 school year. Great things are happening here.

This packet was created to assist you in your decision making process. Included in this packet is the following:

- Interdistrict Open Enrollment Application Form
- Board Policy – Interdistrict Open Enrollment
- Administrative Guidelines

Applications may be submitted beginning Monday, May 1, 2017. Please note that application must be hand-delivered to the East Palestine Schools Board of Education Office located at 200 West North Ave., East Palestine, OH 44413 between the hours of 8:00 am – 3:30 pm. A separate application must be completed for each student wishing to be considered for the East Palestine Schools interdistrict open enrollment program. Additional applications can be obtained at any of our schools or at our website www.myepschools.org.

Sincerely,

Traci Hostetler
Superintendent of Schools

East Palestine School District

Open Enrollment

2017-2018

INTERDISTRICT OPEN ENROLLMENT APPLICATION

Accepting Applications beginning May 1, 2017 for the 2017-2018 School Year

Note: A separate application is required for each student making application under this program. Completed applications must be delivered to the East Palestine Board of Education Office at 200 West North Avenue, East Palestine, OH 44413.

Legal Name of Student _____

Last

First

Middle

Sex: ___ Male ___ Female

Date of Birth: _____

Place of Birth (City/State) _____

Grade Level: _____ for the 2016-2017 School Year

School District of Residence _____

CHECK ALL THAT APPLY:

___ Previous Open Enrollment Student to East Palestine

___ Former E.P. Student/Moved from District

___ Sibling Currently Attends Under Open Enrollment

___ Child of Regularly Contracted District Emp.

Name of Parent(s)/Legal Guardian(s) _____

Address _____ City, State, Zip _____

Phone: (Home) _____ Phone (Work) _____

IS THIS STUDENT CURRENTLY RECEIVING SPECIAL EDUCATION SERVICES? ___ Yes ___ No

IS THIS STUDENT CURRENTLY RECEIVING SERVICES UNDER A SECTION 504 PLAN? ___ Yes ___ No

If yes, a copy of the current IEP or 504 Plan must accompany this application.

Has this student been suspended or expelled from school during the current or previous term? ___ Yes ___ No

If yes, for how many days and reason: _____

I have read the East Palestine Schools Open Enrollment Policy and agree to abide by the procedures and regulations that have been established. By signing I am authorizing East Palestine Schools to access my child's court or disciplinary records.

If any information provided is incorrect or missing, the East Palestine School District has the right to NOT ACCEPT and/or remove your child from this program.

I would like this application placed on the waiting list if it is not initially approve ___ Yes ___ No

Signature of Parent/Legal Guardian _____ Application Date _____

For use by Central Office Only

Signature of Superintendent _____

___ Approved ___ Denied

If denied, reason for denial: ___ Paper Work Late/Incomplete

___ Student Had Been Suspended/Expelled

___ Program/Grade Level Limits

___ Other _____