



140 Ross Ave, Hamilton OH 45013
Phone 513-887-5033 • Fax 1-513-318-1451

INTERDISTRICT OPEN ENROLLMENT APPLICATION 2018-2019

(for students living outside the Hamilton City School District)

MUST RE-APPLY EVERY SCHOOL YEAR

Student Name _____ 1st School Choice _____

Date of Birth _____ 2nd School Choice _____

Street Address _____

City/Zip Code _____

Parent/Custodian Name _____ Phone (Home/Cell) _____

Phone (Work) _____

Street Address (If different than above) _____

City/Zip Code _____

School District of Residence _____

School Student is Currently Attending _____

Grade for Upcoming School Year (2018-2019) _____

Does this child have a disability or handicap that can be verified (I.E.P., 504 Plan, Service Plans)?

___YES ___NO

Parents/students will provide transportation to and from school.

Transportation will be needed from a current Hamilton City School District bus stop.

Location of bus stop _____

Are you an employee of Hamilton City Schools? _____



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Please check if your child will require any of the following special services:

- SLD Tutoring
- SLD Resource Room
- CD Class
- ED Class
- MD Class
- OH Class
- Speech & Language Therapy
- Adapted Physical Education
- College Credit Plus
- Occupational Therapy
- Physical Therapy
- Gifted & Talented Program
- Job Training Vocational Program
- Visually Handicapped
- Hearing Impaired

Parent/Guardian Signature* _____ Date _____

***I attest that my signature above confirms the accuracy and truthfulness of all requested information.**

Applications will be processed in the order in which they are received (first come, first served). Requests will be acted upon by **August 1, 2018**. Parents will be notified of approval or denial by mail. **Applications must be received by Student Services no later than July 27, 2018 at the Hamilton City School District Board of Education.**

FOR OFFICE USE ONLY

Received by _____ Date _____ Time _____

Approved Rejected Date _____

Signature of Superintendent's Designee _____

Michael S. Wright



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Revised 01/19/18

NOTE: Open Enrollment Applications will not be acted on without complete educational records from the district of residence. This includes (but is not limited to) discipline records.

CONSENT FOR STUDENT RECORD RELEASE

STUDENT: _____

ADDRESS: _____

AGE: _____ BIRTH DATE: _____ DATE: _____

A. You are authorized to release the records listed below for the above-named student to:

Hamilton City School District, Student Services
533 Dayton Street
Hamilton, OH 45011
Fax #: 1-513-318-1451 or
E-mail: mwright@hcsdoh.org

B. Specific data to be released (please check):

_____ All personally-identifiable data on file
_____ Following records only: (specify)

C. Reason for request (please check):

_____ To aid in current and future educational decisions
_____ Other: (specify)

Signature of Parent/Guardian, or Student _____ Date _____



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For office use only:

Date Data Released _____ by _____
(Name/Position)

Date Copies Mailed _____ by _____
(Name/Position)

CURRENT PROOF OF RESIDENCY MUST BE SUBMITTED WITH THIS APPLICATION

Documents submitted must contain the parent/guardian name, current address and current date. Handwritten receipts, notes, etc. will not be accepted. Post office boxes are not acceptable for use as an address. Parent/guardian must document residency by providing the school with one of the following:

1. Electric
2. Gas
3. Water
4. Sewer
5. Home Telephone bill (not cellular phone)
6. Cable
7. Lease/rental agreement (whole document, all pages, must include signature of both parties)
8. Monthly mortgage statement

The Board reserves the right to verify each student's residency and other conditions of eligibility for tuition-free education as well as the validity of the claim of any student to an education in the District.



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It is policy of the Hamilton City School District Board of Education to deny admittance to any student if the student has been expelled from another Ohio school district and the period of the expulsion has not yet expired.

The student that is the subject of this application packet is:

- NOT EXPELLED from another school district at this time
- EXPELLED from the _____ School District at this time

This period of expulsion expires on _____

Parent/Guardian Signature _____ Date _____



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Course Selection Requests (Grades 9 – 12 Only)

Course offerings can be found at: <http://hcsd.me/courseofferings>

(Failure to complete this section may be grounds for application denial)

Course Name	Course Level
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	