

RIVER VIEW LOCAL SCHOOL DISTRICT

INTERDISTRICT OPEN ENROLLMENT

2017 - 2018 School Year



POLICY & APPLICATION

Office of the Superintendent
26496 SR 60 N
Warsaw, Ohio 43844

Phone: 740-824-3521



DEADLINE FOR OPEN ENROLLMENT APPLICATION – MAY 1



RIVER VIEW LOCAL 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. The River View Board of Education shall permit any student to apply and enroll in the district schools free of any tuition obligation, provided that all procedures are met.

1. Any application for a transfer or renewal of Open Enrollment to River View Local School District must be submitted to the Superintendent's office by May 1, preceding the school year of the requested transfer. Application will be acted upon by July 15th of each year.
One application must be submitted each school year for each student who requests attendance in River View Local School District.
2. Class size of the requested grade will be a determining factor in accepting an open enrollment student.
3. No students, once accepted will be displaced during the forthcoming school year should daily admissions cause enrollment to exceed the limits in class size.
4. Enrollment in a special program i.e., gifted, L.D., D.H., etc., will dictate which building a student must attend.
5. No special education programs will be instituted to serve transfer students.
6. All approved transfers are in effect for one school year only. Applications must be renewed yearly. Transfers may be discontinued at the discretion of the administration in subsequent years.
7. Renewal applications will be given first consideration.
8. There is no district responsibility for the transportation of interdistrict transfer students. Parents may contact the District Transportation Supervisor to make arrangements to board a bus at a regular transportation stop within the district, however transportation of the student(s) is the sole responsibility of their parent/guardian.
9. The requesting student(s) has not been expelled or suspended for ten consecutive school days any time within the previous school year.
10. The district application has not been falsified in any manner.
11. For reasons of student accounting and state funding you must be enrolled in your home district school as a student participating in Open Enrollment.
12. **Take the Interdistrict Open Enrollment Application form to your resident district** (the district you are now attending or will be attending if not accepted at River View) and have your enrollment at that school verified. This is a very important item due to all schools being on a state wide computer system. Thank you for taking care of this before submitting your application to River View.
13. Also, if you have a student already attending a school in River View District but you have moved into another district, your resident district has changed and you will need to comply with number 12.
14. Superintendents may, by mutual agreement, waive the stated enrollment deadline up to the first full week of October, should extenuating circumstances exist.

Please keep the Open Enrollment Policy for your information and return the application form to:

Office of the Superintendent
Open Enrollment
26496 SR 60 N.
Warsaw, Ohio 43844

RIVER VIEW LOCAL SCHOOL DISTRICT

INTERDISTRICT OPEN ENROLLMENT APPLICATION 2017 - 2018

(PLEASE FILL OUT ONE APPLICATION PER STUDENT, MULTIPLE STUDENTS ON APPLICATION WILL NOT BE ACCEPTED)

I am the parent, custodial parent or guardian parent, and I wish to apply for Open Enrollment status for:

Student's Full Name: _____ Male _____ Female _____
Date of Birth _____ Birth City _____
Student's Current Address _____ City _____
Parent or/Guardian _____ Phone (H) _____ (W) _____
Full Address _____ City _____ How Long? _____
If parents are separated or divorced, who has legal custody? _____

In Which School District Do You Live: Coshocton Ridgewood Tri-Valley West Holmes Other _____

Does this student currently attend River View Local Schools through open enrollment? Yes ___ No ___ Building _____

Student's Grade Level for 2017 - 2018 School Year _____

School Building Requested: Conesville ___ Keene ___ Union ___ Warsaw ___ RVJHS ___ RVHS ___

Are Special Education Classes/Services required? Yes ___ No _____. Does your child have an IEP? Yes ___ No ____

Was your child suspended or expelled last school year? Yes ___ No _____. If so, for what reason? _____

High School Students Only

Number of high school credits obtained at the end of the previous school year _____

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

Please explain why you are requesting to attend River View Schools.

I certify that all information contained in this application is true and complete, and I understand that the falsification of any of the above information will void this application and/or the enrollment of my child in the River View Local School District. I have read and understand the River View Open Enrollment Policy and agree to abide by this policy. I understand that my student cannot legally attend River View Local School District unless he/she is enrolled in the district in which he/she resides, as verified on the back of this form. I realize that if accepted it is my responsibility to arrange/provide transportation to and from school for this student. I understand the athletic eligibility for Open Enrollment students falls under the Ohio High School Athletic Assoc. rules and requirements and it is necessary to inquire about the latest guidelines prior to submission of this application.

Parent/Guardian Signature: _____ Date: _____

**YOU MUST TAKE THIS TO YOUR RESIDENT DISTRICT TO BE SIGNED. RIVER VIEW
WILL NOT BE RESPONSIBLE FOR OBTAINING THIS INFORMATION FOR YOU.**

This area is to be completed by resident school district to comply with the open enrollment policy.

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

Student: _____ School _____

District Representative's Signature _____

Title _____

District _____ Date _____

(FOR OFFICE USE ONLY)

Received By: _____ Date: _____ Time: _____

(Building Principal)

Approved By: _____ Date: _____

Rejected By: _____ Date: _____

Reason/Comment:

