

Canton Local School District (IRN # 049833)  
 INTERDISTRICT OPEN ENROLLMENT APPLICATION FOR 2021-2022 SCHOOL YEAR

<u>Application Date:</u>	<u>District of Residence:</u>	<u>County:</u>	<u>Last School Attended:</u>	<u>Grade Level Next Year:</u>
<u>Student's Full Legal Name:</u>				<u>Birthdate:</u> (MM/DD/YY)
<u>Street Address:</u>				<u>Gender:</u> Female                  Male
<u>City:</u>	<u>Zip:</u>	<u>Birth Place City:</u>		<u>Native Language:</u>
<u>Mailing Address (if different):</u>		<u>City:</u>	<u>Zip:</u>	
<u>Home Phone:</u>		<u>Mother Work/Cell:</u>	<u>Father Work/Cell:</u>	
<u>Email:</u>		<u>Proof of Residency:</u>	<u>SSID:</u> <i>(Office Use Only)</i>	

Does your child receive any special education or related services? (Including Speech/Language services)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	*See Note Below
If Yes, list what service are they receiving?			
Is there currently an Individual Education Plan on file at district of residence school? (Special Ed. Services)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	*See Note Below
Have you notified the Resident District of your intention to pursue Open Enrollment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	**See Note Below
Is this child a foster placement in your home?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If yes, list name of the Resident District			
Do you have proper custody paperwork from the court? (if applicable)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Has the student been <u>suspended or expelled</u> in this term or previous term? If "Yes", how many days? _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
<u>Legal Parent/Guardian Name: (print)</u>	<u>Relationship to Student:</u>	<u>Date:</u>	
<u>Parent/Guardian Signature:</u>			
<i><u>I have read the guidelines and understand that it is the responsibility of the parent/guardian to provide transportation to/from Canton Local Schools</u></i>			<i>(initials)</i>

No student shall be denied admission to the Canton Local School District or to a particular course or instructional program or otherwise discriminated against for reasons of race, color, national origin, sex and handicap or any other basis of unlawful discrimination. Some grade levels may not have space available.

NOTE: Canton Local reserves the right to deny a student based on false information provided by the parent/guardian.

**\*\*Your child must be registered in the Resident School District - district where the student lives.**

**All items must be complete in order to process the request**

Return this form to:    Canton Local Administration 600 Faircrest St SE, Canton, OH 44707  
 Attention: Nicole Mercer, Email: [nicole.mercer@cantonlocal.org](mailto:nicole.mercer@cantonlocal.org)  
 Phone: (330) 484-8010 Ext. 4058                  Fax: (330) 484-8032

FOR OFFICE USE ONLY

<u>Rec'd By:</u>	<u>Date/Time:</u>	Special Services: *student with IEP Approved / Not Approved
<u>School Administration Signature:</u>		<u>Reason for Non-Approval:</u>
Circle one: Approved / Not Approved / Waiting List		