



School Year \_\_\_\_\_

**NEWARK CITY SCHOOLS**  
**Inter-District Open Enrollment Application**

Please mark one: New Application \_\_\_ Renewal Application \_\_\_ (Applications must be submitted each school year)

Student Name \_\_\_\_\_ Grade Level \_\_\_\_\_

Date of Birth \_\_\_\_\_

School District of Residence \_\_\_\_\_

Custodial Parent/Guardian's Name \_\_\_\_\_ Phone \_\_\_\_\_

Physical Address \_\_\_\_\_  
 Street number and name City zip code

Mailing address if different from physical address \_\_\_\_\_

Name of school requested: \_\_\_\_\_

If for specific high school courses, list desired classes: \_\_\_\_\_ ; \_\_\_\_\_  
 \_\_\_\_\_ ; \_\_\_\_\_ ; \_\_\_\_\_ ;

Has your child been suspended or expelled for at least 10 consecutive days during the last school year while attending his/her home school district? (yes or no) \_\_\_\_\_

Were you enrolled in the Newark City Schools last year? Yes \_\_\_\_\_ No \_\_\_\_\_

Were you enrolled in any Special Education classes last year? (yes or no) \_\_\_\_\_. If yes, what is the disability condition and type of services needed? \_\_\_\_\_

**Application Deadline - May 31<sup>st</sup> for the upcoming school year**

Request will be acted upon no later than five (5) days prior to the opening day of the school year.

\_\_\_\_\_  
 \* Parental Signature

\*By signing the application, the Parent agrees that when his/her child is accepted in the Newark inter-district open enrollment plan, his/her child will abide by the Newark City Schools Code of Conduct listed in each building's Student Handbook.

\_\_\_\_\_  
 (for office use only)

Received by: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Approved by: \_\_\_\_\_ Rejected by: \_\_\_\_\_

REASONS: \_\_\_\_\_

Revised 1/21/21

Return Form to: Superintendent's Office 621 Mount Vernon Rd Newark, OH 43055
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