Form: 5113

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 Name_____Phone _____

Physical Address_____
Street Number and Name City Zip Code

Mailing address if different from physical address _____

Name of school requested:_____

Has this student been suspended or expelled for 10 or more consecutive days for the current semester or the semester immediately preceding the term for which admission is sought? Yes ☐ No ☐

Was this student enrolled in the Newark City Schools last year? *Yes* ☐ *No* ☐

Does this student's education program include an IEP or 504? (*yes or no*)_____. If yes, what is the disability condition and type of services needed? _____

_____

Application Deadline - May 31st 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.

_____
* *Parent/Guardian Signature*

*By signing the application, the Parent/Guardian 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 1/26/22

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