



School Year
2019-2020

NORTHRIDGE LOCAL SCHOOL DISTRICT 2019-2020 Application for Open Enrollment

Please submit to the Northridge District Office
6097 Johnstown-Utica Road, Johnstown, OH 43031
740-967-6631 Fax: 740-967-5022

Office Use Only

Date Rec'd: _____

By: _____

Application Must Be Completed Each School Year. Type of application: ___New ___Renewal

District of Residence _____ District student enrolled now: _____
(School District where Custodial parent lives)

Student's Name: _____
Last Name First Name Middle Initial

Address* _____
Street Address of Custodial Parent City State Zip

Telephone Number (Cell) _____ Telephone Number _____

Birth date ____/____/____ Circle One: Male Female Is student Hispanic/Latino? Yes / No

Ethnicity: (Circle one) White – Black/African Am – Asian – Am Indian/Alaska Native – Native Hawaiian/Other Pacific Islander

Home Language Spoken: _____ First Language Spoken: _____

Grade Level for 2019-2020 School Year _____ Qualified Gifted? Yes No

(If the school year has started, give current grade level) Special Education (IEP)? Yes No

Will student attend C-Tec? (HS Students) Yes No Custody Papers? Yes No

List name and grade of other siblings applying for open enrollment: _____

Will you require transportation within the boundaries of the Northridge Local School District in accordance with the provision of the Open Enrollment Policy? ___Yes ___No

For transportation to be available, you would have to take your child to an established bus stop in the Northridge Local School district which serves the school that you have requested. If the bus stop is private property, you also need the owner's permission.

No student shall be denied admission to Northridge Local School District or to a particular course or instructional program or otherwise discriminated against for reasons of race, color, national origin, sex, handicap or any other basis of unlawful discrimination.

Providing false information may result in denial of enrollment.

THIS FORM MUST BE COMPLETED AND APPROVED BY THE SUPERINTENDENT PRIOR TO ENROLLING.

***Must attach "Proof of Residency" to be considered for Open Enrollment (mortgage/lease agreement or current utility bill)**

Custodial Parent Name: _____ Relationship to Student: _____

Custodial Parent Signature: _____ **Date:** _____

FOR OFFICE USE ONLY

Approved ___ Rejected ___ Reason _____

Principal : _____ Date: _____ Superintendent: _____ Date: _____

Date Admitted to Educating District _____ Date Withdrawn from Educating District _____

CC: ___ Big Walnut (046748)	___ Mount Vernon (044420)	CC: ___ Northridge Primary
___ Centerburg (047829)	___ Plain-New Albany (046995)	___ Northridge Intermediate
___ Columbus (043802)	___ Newark City (044453)	___ Northridge Middle School
___ Granville (045393)	___ North Fork (048025)	___ Northridge High School
___ Johnstown Monroe (047985)	___ Southwest Licking (048041)	
___ Licking Heights (048009)	___ Other _____	___ Emailed to EMIS Coordinator _____