ORRVILLE CITY SCHOOL DISTRICT INTERDISTRICT OPEN ENROLLMENT APPLICATION 2025-2026 SCHOOL YEAR

Student's Full Name:					_
	First	Middle		Last	
D.O.B	Gender: Grade for <mark>2025-2026</mark> :				
Birthplace City:		Language Spoken in the h	ome:		
Home Address:					
Stree	et Address	PO Box	City	State	ZIP
Current District of Residen	ce:				
Current District of Attenda	nce:				
Name of parent(s)/guardi	an(s):				
Who has residential custo	dy?(please include	court documents)			
Phone:		Email:			
Does your student have:	IEP: YES	NO 504 Plan: YES_	NO	WEP/Gifted: YES	NO
		ille City Schools or to a par or, national origin, sex, han			
		en March 15 th & May 3			rn to the
<u> </u>		OH 44667 or via email: orv	_ 0		
		t proof of parents' residend ocessed without this docur		se) with name, address	, and date to
		e students' custody docur anscript or grade card (Hig			roof
Parent/Guardian Signatur		Date:			
		FOR OFFICE USE O	NLY		
Received by:		Date:	Ti	me:	
Administrator Signature	ə:	Do	ate:	Approved	Rejected
If Rejected, Reason(s):	·				
Letter sent to parent:_		_ Letter sent to reside	nt district:	SSID:	

Effective Date: