



Interdistrict Open Enrollment GUIDELINES

1. Any application for an interdistrict transfer must be submitted to the superintendent's office between April 1, 2020 and June 30, 2020. Applications will be acted upon by July 15, 2020. Parents must indicate acceptance of transfer on or before July 29, 2020. **One application must be submitted for each student who requests an interdistrict transfer.** Applications must be filled out **every year.** Application forms are available in the buildings, superintendent's office or on Unioto's webpage.
2. No interdistrict transfer will be permitted if the enrollment of the grade level being requested exceeds available openings. Enrollment limits are exclusive of special education students.
3. When the receiving district reviews the application they shall inform the student of the pre-requisites for each program or course of study in which enrollment is sought. No Ohio district student will be enrolled in a program or course of study who has not met the pre-requisites established for district students and tuition students. Enrollment levels will determine annual approval.
4. The final date for considering applications for any Ohio district students is June 30, 2020. Any Ohio district students' applications shall be revoked in reverse order of acceptance (last in, first out) if enrollment, at any time, of a new native student prior to the start of the school year, brings the enrollment of district students to optimum size. However, any Ohio district students who have begun the program shall be allowed to complete the semester or the school year.
5. Students in special programs, gifted, multihandicapped, hearing handicapped, etc., may be rejected for interdistrict transfer if the services described in the student's IEP are not available in the receiving district's schools. Enrollment limits per special education units shall not be exceeded.
6. Other enrollment factors being equal, any Ohio district students will be accepted on the basis of the date and time of receipt of the application. Revocations of the application or transfers back to the adjacent district student's home school will be in reverse order of date and time received.
7. The district shall not discriminate against any disabled students. The district shall not be required to provide any services or adapt any facilities not already provided disabled, resident native students. If an adjacent district student becomes disabled under section 504 or the staff finds out that an adjacent district student is in need of services in accordance with an IEP, it will provide appropriate services. The student, however, must agree to attend the district school at which the needed services are currently available. If any services must be obtained elsewhere, the superintendent shall notify the adjacent district to determine if it wants to arrange for the services or have the district arrange for them at the adjacent district's expense.
8. Union-Scioto Local School District will not be responsible for transportation of transfer students. If written request (form) is submitted to the superintendent, transfer students shall be picked up at an existing bus stop.
9. Applicants may be rejected if the racial balance of either the sending or the receiving school district would be negatively impacted.



UNION-SCIOTO LOCAL SCHOOL DISTRICT

1565 Egypt Pike ♦ Chillicothe, OH 45601-3974 ♦ (740) 773-4102 ♦ FAX (740) 775-2852 www.unioto.org

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10. Applications may be rejected if the student has been suspended or expelled for ten (10) or more consecutive days during the semester of application or the preceding semester.
11. Athletic eligibility complies with state regulations and the provisions set forth by the Ohio High School Athletic Association.
12. Once approved for enrollment, all rules, regulations, and policies of the Union-Scioto Local School District shall apply to open enrollment students to the same extent they apply to native students.
13. The Union-Scioto Local School District reserves the right to revoke the admission of any interdistrict open enrollment student who violates any provision of this policy.



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2020-2021 INTERDISTRICT OPEN ENROLLMENT APPLICATION

Note: This application must be returned to the Superintendent's Office of the intended district of enrollment. Please print information. Only **ONE** child per application form accepted.

*****A NEW APPLICATION MUST BE FILLED OUT EVERY YEAR*****

Date: _____ Student Social Security # _____ Ethnicity _____

Student Last Name _____ First _____ Middle Name _____

Date of Birth _____ Birth City _____ Mother's Maiden Name _____ Sex: M ___ F ___

Parent/Guardian _____

Address _____
(Rd. or St.) (City) (Apt. #) (Zip Code)

Phone: Home _____ Cell _____ Last School Attended _____

Are you presently an Open Enrollment student in the Union-Scioto School District? Yes _____ No _____

Present school district of **residence** _____

Grade level of student for the **2020-2021** school year _____

Is student enrolled in any special education or tutorial program? _____

If yes, please explain (Please attach I.E.P.) [**For new students only**] _____

Has student been suspended or expelled during the **2019-2020** school year? _____

If yes, how many days? _____ Reason(s) _____

I certify, by my signature, that the information presented above is accurate and understand that actions taken by the Union-Scioto Local School District may be changed, if it is found that any of this information is inaccurate, misleading or incomplete.

Signature of Parent or Guardian _____

Application must be received no later than June 30th.

Requests will be acted upon not later than July 15th.

Parents must indicate acceptance of transfer on or before July 29th.

Received By _____ Date _____

Approved _____ Rejected _____ Reasons _____

Signature of Official _____ Date _____

Added to SS _____ Conf. Letter Mailed _____ Home District notified _____

Matt Thornsberry, Superintendent

Karen Day, Secretary

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Dear Parent:

Because guideline number 9 of the Open Enrollment Policy states that transportation for open enrollment students is not the responsibility of the school, it is necessary that your signature be secured relieving the school of any liability after dropping your child off the bus. Since this bus stop is not at your residence the school does not want to accept responsibility if no one is at the bus stop to pick up or supervise the child after getting off.

If you have any questions, please call Mr. Thornsberry at 773-4102. Please sign below and return to the superintendent's office, along with the open enrollment application.

I/we do not hold Union-Scioto Local School District liable of my/our open enrollment student(s) after they are dropped off at the designated bus stop.

Signature(s)

Date

Matt Thornsberry, Superintendent

Karen Day, Secretary

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Open Enrollment Interdistrict Transportation Request

Date: _____

Name of Student(s) _____ Grade(s) _____

Parent/Guardian's Name _____

Address: _____

Phone: _____ Work: _____ Cell: _____

School District of Residence: _____

Location of existing pick up location requested: Please note: Availability of seats on the bus is determined by the number of resident students on that bus.

For Office Use Only

Approved _____

Rejected _____

Bus Number _____

Bus Driver _____

Pick up and return times _____ a.m. _____ p.m.

Signature of Official _____ Date _____

Matt Thornsberry, Superintendent

Karen Day, Secretary

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