

**ORRVILLE CITY SCHOOL DISTRICT
INTERDISTRICT OPEN ENROLLMENT APPLICATION
2026-2027 SCHOOL YEAR**

Student's Full Name: _____

First

Middle

Last

D.O.B.: _____ **Gender:** _____ **Grade for 2026-2027:** _____

Birthplace City: _____ **Language Spoken in the home:** _____

Home Address: _____

Street Address

PO Box

City

State

ZIP

Current District of Residence: _____

Current District of Attendance: _____

Name of parent(s)/guardian(s): _____

Who has residential custody? (please include court documents) _____

Phone: _____ **Email:** _____

Does your student have: IEP: YES _____ NO _____ **504 Plan:** YES _____ NO _____ **WEP/Gifted:** YES _____ NO _____

Has the student been suspended or expelled within the last year? YES _____ NO _____

Please share any relevant information that would help us serve your student (medical, emotional, behavioral or attendance concerns, etc.)

*No student shall be denied admission to Orrville City Schools 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.

Applications will be accepted between March 15th & May 31st for the next school year. Return to the Superintendent's office: 815 N. Ella St., Orrville, OH 44667 or via email to: alvogel@orrvilleschools.org **Applications will not be processed without all documentation and the completion of Final Forms for the 2026-27 school year** (opens early April)

Returning applicants: Please attach a current proof of parents' residency (utility bill, lease) with name, address, and date to this application. **This application will not be processed without this documentation.**

New applications: Please attach a copy of the students' custody documents (if applicable), birth certificate, proof of parents' residency, and a recent official transcript or grade card (High School only) for **new students**.

Parent/Guardian Signature: _____ **Date:** _____

FOR OFFICE USE ONLY

Received by: _____ Date: _____ Time: _____

Administrator Signature: _____ Date: _____ Approved Rejected

If Rejected, Reason(s): _____

Letter sent to parent: _____ Letter sent to resident district: _____ SSID: _____

Effective Date: _____