

RIVER VIEW LOCAL SCHOOL DISTRICT

# INTERDISTRICT OPEN ENROLLMENT

2018 - 2019 School Year



## POLICY & APPLICATION

Office of the Superintendent  
26496 SR 60 N  
Warsaw, Ohio 43844

Phone: 740-824-3521

DEADLINE DATE: MAY 1

# RIVER VIEW LOCAL SCHOOL DISTRICT INTERDISTRICT OPEN ENROLLMENT POLICY

*Guidelines for the renewal or transfer of students, based upon criteria established by the district's administration and in conjunction with recommendations from officials of the Ohio Department of Education are listed below. The River View Board of Education shall permit any student to apply and enroll in the district schools free of any tuition obligation, provided that all procedures are met.*

1. Any application for a transfer or renewal of Open Enrollment to River View Local School District must be submitted to the Superintendent's office by May 1, preceding the school year of the requested transfer. Application will be acted upon by July 15th of each year.  
**One application must be submitted each school year for each student who requests attendance in River View Local School District.**
2. Class size of the requested grade will be a determining factor in accepting an open enrollment student.  
\* Elementary Class Sizes (PK-6) will not exceed 25 students
3. No students, once accepted will be displaced during the forthcoming school year should daily admissions cause enrollment to exceed the limits in class size.
4. Enrollment in a special program i.e., gifted, L.D., D.H., etc., will dictate which building a student must attend.
5. No special education programs will be instituted to serve transfer students.
6. All approved transfers are in effect for one school year only. Applications must be renewed yearly. Transfers may be discontinued at the discretion of the administration in subsequent years.
7. Renewal applications will be given first consideration.
8. There is no district responsibility for the transportation of interdistrict transfer students. Parents may contact the District Transportation Supervisor to make arrangements to board a bus at a regular transportation stop within the district, however transportation of the student(s) is the sole responsibility of their parent/guardian.
9. The requesting student(s) has not been expelled or suspended for ten consecutive school days any time within the previous school year.
10. The district application has not been falsified in any manner.
11. For reasons of student accounting and state funding you must be enrolled in your home district school as a student participating in Open Enrollment.
12. **Take the Interdistrict Open Enrollment Application form to your resident district** (the district you are now attending or will be attending if not accepted at River View) and have your enrollment at that school verified. This is a very important item due to all schools being on a state wide computer system. Thank you for taking care of this before submitting your application to River View.
13. Also, if you have a student already attending a school in River View District but you have moved into another district, your resident district has changed and you will need to comply with number 12.
14. Superintendents may, by mutual agreement, waive the stated enrollment deadline up to the first full week of October, should extenuating circumstances exist.

**Please keep the Open Enrollment Policy for your information and return the application form to:**

Office of the Superintendent  
Open Enrollment  
26496 SR 60 N.  
Warsaw, Ohio 43844

RIVER VIEW LOCAL SCHOOL DISTRICT

**INTERDISTRICT OPEN ENROLLMENT APPLICATION 2018 - 2019**

(PLEASE FILL OUT ONE APPLICATION PER STUDENT, MULTIPLE STUDENTS ON APPLICATION WILL NOT BE ACCEPTED)

*I am the parent, custodial parent or guardian parent, and I wish to apply for Open Enrollment status for:*

Student's Full Name: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Date of Birth \_\_\_\_\_ Birth City \_\_\_\_\_

Student's Current Address \_\_\_\_\_ City \_\_\_\_\_

Parent or/Guardian \_\_\_\_\_ Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_

Full Address \_\_\_\_\_ City \_\_\_\_\_ How Long? \_\_\_\_\_

If parents are separated or divorced, who has legal custody? \_\_\_\_\_

**In Which School District Do You Live:** Coshocton Ridgewood Tri-Valley West Holmes Other \_\_\_\_\_

Does this student currently attend River View Local Schools through open enrollment? Yes \_\_\_ No \_\_\_ Building \_\_\_\_\_

Student's Grade Level for 2018 - 2019 School Year \_\_\_\_\_

School Building Requested: Conesville \_\_\_ Keene \_\_\_ Union \_\_\_ Warsaw \_\_\_ RVJHS \_\_\_ RVHS \_\_\_

Are Special Education Classes/Services required? Yes \_\_\_ No \_\_\_\_\_. Does your child have an IEP? Yes \_\_\_ No \_\_\_\_

Was your child suspended or expelled last school year? Yes \_\_\_ No \_\_\_\_\_. If so, for what reason? \_\_\_\_\_

**High School Students Only**

Number of high school credits obtained at the end of the previous school year \_\_\_\_\_

If you wish specific high school courses, list desired classes: \_\_\_\_\_

Please explain why you are requesting to attend River View Schools.

\_\_\_\_\_

\_\_\_\_\_

*I certify that all information contained in this application is true and complete, and I understand that the falsification of any of the above information will void this application and/or the enrollment of my child in the River View Local School District. I have read and understand the River View Open Enrollment Policy and agree to abide by this policy. I understand that my student cannot legally attend River View Local School District unless he/she is enrolled in the district in which he/she resides, as verified on the back of this form. I realize that if accepted it is my responsibility to arrange/provide transportation to and from school for this student. I understand the athletic eligibility for Open Enrollment students falls under the Ohio High School Athletic Assoc. rules and requirements and it is necessary to inquire about the latest guidelines prior to submission of this application.*

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**YOU MUST TAKE THIS TO YOUR RESIDENT DISTRICT TO BE SIGNED. RIVER VIEW  
WILL NOT BE RESPONSIBLE FOR OBTAINING THIS INFORMATION FOR YOU.**

*This area is to be completed by resident school district to comply with the open enrollment policy.*

The below signature certifies that the student listed below is enrolled in his/her resident district.

Student: \_\_\_\_\_ School \_\_\_\_\_

District Representative's Signature \_\_\_\_\_

Title \_\_\_\_\_

District \_\_\_\_\_ Date \_\_\_\_\_

**(FOR OFFICE USE ONLY)**

Received By: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

**(Building Principal)**

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

Rejected By: \_\_\_\_\_ Date: \_\_\_\_\_

Reason/Comment:

\_\_\_\_\_  
\_\_\_\_\_