

RIVER VIEW LOCAL SCHOOL DISTRICT INTRADISTRICT OPEN ENROLLMENT (New Requests Only)

Office of the Superintendent
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Phone: 740-824-3521

DEADLINE FOR OPEN ENROLLMENT APPLICATION - MAY 1

ADMINISTRATIVE REGULATIONS & APPLICATION PROCEDURES

1. Parents requesting to have their children attend an alternative elementary school within the district for the next school year must submit an application for this placement between March 1st and May 1st of each calendar year to the superintendent. This application is required for new requests only.
2. Applicants shall be considered according to date of application on a first-come, first-served basis; however, students enrolled and/or living in the attendance area of a school building shall be given preference over applicants.
3. Applicants may be rejected for one or more of the following reasons as provided by Section 3313.97 of the Ohio Revised Code:
 - A. If grade level/course capacity reaches reasonably accepted limitations. * Elementary Class Sizes (PK-6) will not exceed 25 students
 1. These limitations shall take into consideration the special education students being mainstreamed into regular classrooms.
 2. Administration reserves the right to add or reduce classrooms as dictated by enrollment to minimize busing of students from one elementary attendance area to another. These changes will be made prior to the processing of transfer requests.
 - B. If a student enrolled or living in the attendance area of a school building would have to be displaced.
 - C. If a student has been suspended or expelled for ten or more consecutive days during the school year in which the application has been made.
 - D. If minority balance of either the sending or receiving school would be negatively impacted, then the superintendent shall have individual discretion in this matter.
4. To maintain continuity of programs and prevent displacement of students from their elementary school of residence, students must remain in the new school the entire year.
5. Parents shall be notified by the superintendent of the application acceptance or rejection during June in each calendar year. No transfers will be granted after this date until the next Open Enrollment.
6. Transportation of students transferred at parental request shall be the sole responsibility of their parents/guardians; however, existing bus routes may be utilized when convenient to assist parents in this process. River View Transportation Office must be contacted (824-3010) by the parent and busing arrangements must be approved by the Transportation Supervisor. However, transportation is the sole responsibility of the parent/guardian.
7. Students receiving special education services will continue to be assigned to schools where the services specified in the student's individualized education program are available.
8. The Board may, in accordance with the district's intradistrict open enrollment procedures, permit a student to permanently transfer to a school other than the student's assigned school so that the student need not apply annually.

RIVER VIEW LOCAL SCHOOL DISTRICT

INTRADISTRICT OPEN ENROLLMENT (New Requests Only)

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

Today's Date _____

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

Name of Student _____

2018 - 2019 Grade Level _____ Age _____ Date of Birth _____

Address _____ City _____ Zip _____

Which Elementary School is your resident school: Conesville ___ Keene ___ Union ___ Warsaw ___

Which Elementary School did your child attend 2017- 2018 school year: Conesville ___ Keene ___ Union ___ Warsaw ___

Which Elementary School do you wish your child to attend during the 2018- 2019 school year:

Conesville ___ Keene ___ Union ___ Warsaw ___

Name of Parent(s) the above student resides with: _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Is there another parent in another district residing at another address? _____

If so, what address: _____

Does this student have an IEP (Individual Education Plan) ___ Yes ___ No

Please explain why you are requesting Intradistrict Enrollment for your child? _____

I realize that it is my responsibility, as a parent, to provide transportation to and from school for the above student. I have received the Intradistrict Policy and I agree to abide by this policy.

Signed _____ Relationship To Student _____ Date _____

APPLICATION MUST BE RECEIVED NO LATER THAN May 1 OF THE CALENDAR YEAR.

(FOR OFFICE USE ONLY)

INTRADISTRICT ENROLLMENT APPLICATION

School: _____ Received By: _____ Date _____

Principal Consideration: ___ YES ___ NO Signature _____ Date _____

Approved by Superintendent _____ Date _____

No student shall be denied admission to the River View 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.