

Student ID:	ES Initials:
Desired School: _	

OPEN ENROLLMENT APPLICATION

School Year Applying for: 2024-2025 Application: ☐ NEW ☐ RENEW

NOTE: This application MUST be submitted to the Student Enrollment Center in the Dayton Public Schools Administration Building located at 136 S Ludlow St, Dayton, OH 45402. Applications will NOT be accepted at the individual school buildings.

STUDENT INFORMATION		
First Name:	Middle Name:	Last Name:
Student Address:		Gender: Male Female
City, State, Zip:		Date of Birth:
Home Phone:	Cell Phone:	Alt Phone:
Parent/Guardian(s):		Birthplace City:
Is student Hispanic/Latino?	Yes No Native Language:	Home Language:
Please continue by checking	g one or more options to indicate what you	consider your student's race to be:
White America	an Indian/Alaska Native Black	_ Asian Hawaiian or Other Pacific Islander
SCHOOL INFORMATION		
Grade for 2024-2025 Schoo	ol Year: School District of Resi	dence:
Last School of Attendance:	Reason for R	equest:
Does student have sibling(s) already attending Dayton Public Schools?	Yes No
Has student been expelled	during the current or previous school term	? Yes No
Does student have an IEP/E	TR? Yes No Does	student have a 504 Plan? Yes No
PARENT CERTIFICATION		
I understand:		
 If this Open Enrollme An Open Enrollment determined by the D Dayton City Schools. Open Enrollment Ap 	to another school may affect the student's elig prector of Athletics in conformity with regulation	ne transportation of the student to/from the school. ibility to participate in sports. Athletic eligibility is to be ons of the Ohio High School Athletic Association and
Mad River and Fairborn School districts will be charged tuition		dents who enroll in Dayton Public Schools from these
Signature of Parent/Guardian:		Date:
	OFFICE USE ONLY	
Date Form Received:	Assigned School:	Status: Approved Denied
School Start Date:	If Denied, reason:	SSID #:

Superintendent Signature: ______ Date: _____