Hillsboro City Schools
39 Willettsville Pike
Hillsboro, OH 45133

INTERDISTRICT OPEN ENROLLMENT APPLICATION

School Year _____

Student Name _____ Gr. ____ DOB _____ Gender ____ SS# _____

Parent/Guardian Name _____

Address _____

Phone Number(s) _____(mother) _____(father) _____ (other)

Present school district of residence _____ Building _____

Is this student enrolled in any special education or tutorial programs? _____

If yes, please explain: _____

Has your child ever been suspended or expelled? _____

If yes, please explain: _____

_____

_____ _____ _____
Parent/Guardian Name Parent/Guardian Signature Date

Applications must be received by Superintendent's office no later than JULY 31.
Application will be acted upon no later than August 1.

Received by_____ Date _____ Time _____

Application approved _____ Application Rejected _____

Reason for rejection:
_____

Principal _____ Date _____ Superintendent _____ Date _____

No student shall be denied admission to Hillsboro City School District or to a particular course or instructional program or otherwise discriminated against for reason of race, color, national origin, sex, disability, or any other unlawful discrimination.