

# HICKSVILLE EXEMPTED VILLAGE SCHOOLS

HICKSVILLE, OHIO 43526

Phone: 419-542-7665

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## OPEN ENROLLMENT APPLICATION

Name of Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Race:  Asian/Pacific  American Indian/Alaska  
 Black  Hispanic  White  Multiracial

Gender:  Male  
 Female

Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

School District of Residence: \_\_\_\_\_

Grade Level of Student for Upcoming School Year: \_\_\_\_\_

Indicate any special programs in which the student is presently enrolled:

DH  LD  MH  SBH  Chapter 1  Gifted  Speech/Hearing

Other: \_\_\_\_\_

A copy of a current I.E.P. (if applicable) must be included with the application.

If for specific high school courses, please list:

(1) \_\_\_\_\_ (2) \_\_\_\_\_

(3) \_\_\_\_\_ (4) \_\_\_\_\_

**APPLICATIONS MUST BE ON FILE AND APPROVED BY THE SUPERINTENDENT OF SCHOOLS PRIOR TO THE BEGINNING OF THE SCHOOL YEAR IN WHICH THE STUDENT IS TO BE ENROLLED.**

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(FOR OFFICE USE ONLY)

Received By \_\_\_\_\_

Date \_\_\_\_\_ Time \_\_\_\_\_

Approved By \_\_\_\_\_

Rejected By \_\_\_\_\_

Reason(s) \_\_\_\_\_

**ALL CHILDREN ENJOY SUCCESS**