

HICKSVILLE EXEMPTED VILLAGE SCHOOLS

HICKSVILLE, OHIO 43526

Phone: 419-542-7665

Fax: 419-542-8534

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.

(FOR OFFICE USE ONLY)

Received By _____

Date _____ Time _____

Approved By _____

Rejected By _____

Reason(s) _____

ALL CHILDREN ENJOY SUCCESS