



OPEN ENROLLMENT APPLICATION

2020-21 APPLICATIONS MUST BE RECEIVED BY MAY 20TH 2020

Student Name: _____
(First) (MI) (Last)

Parent/Guardian: _____

Address: _____
(Street) (City) (State) (Zip)

Phone: _____
(Home) (Work) (Cell)

Student's Date of Birth: _____ Grade Level for 2019-20: _____

Military Student: _____ Not Applicable
_____ A - Active Duty - Student is a dependent of a member of the Active Duty Forces (Army, Navy, Air Force, Marine Corps, or Coast Guard)
_____ B - National Guard - Student is a dependent of a member of the National Guard (Army National Guard or Air National Guard)
_____ C- Reserves – Reserve Duty

Ethnicity: Is the student of Hispanic/Latino heritage? ___ Yes ___ No

Race: (choose all that apply) ___ Asian ___ Black, African-American ___ White ___ Native Hawaiian or Pacific Islander ___ American Indian or Alaskan

- District of Residence: _____ County of Residence: _____
- Did this student participate in Sebring Open Enrollment in 2019-20? Yes or No
- If yes, when did they attend: _____
- Did any siblings attend Sebring in 2019-20? Yes or No
- Does this student have an IEP for special education? Yes or No
- If yes, what is the disability condition? _____
- Does this student receive speech therapy services? Yes or No
- Was this student suspended or expelled for 10 or more days in current term or in the immediately preceding term? Yes or No
- Does your student have pending disciplinary action against him/her? Yes or No

The above information is true and accurate. False or inaccurate information will void this application.

Signature of Parent/Guardian

Superintendent of Schools: Mrs. Toni Viscounte	510 N. 14 th St. Sebring, OH 44672	330-938-6165
Jr./Sr. High Principal: Mr. Joe Krumpak	225. E. Indiana Ave. Sebring, OH 44672	330-938-2963
Elementary Principal: Mrs. Heather Whipkey	506 W. Virginia Ave. Sebring, OH 44672	330-938-2025



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For Office Use Only

Date Received: _____ Received By: _____

Approved: _____

Assigned to: _____ at _____ for 2019-20 school year.
(Grade) (Building)

Not Approved: _____

Reason(s): _____

Signature of School Official: _____ Date: _____

Date Letter Sent: _____ Date Phone Call Made: _____

Date Parent/Guardian Confirmed: _____

CC:

EMIS _____ H.S. Office _____ Elementary Office _____

No student shall be denied admission to the Sebring Local 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. Please direct questions regarding open enrollment to

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