

2024-2025

**Bucyrus City School District**  
**Application for Inter-District Transfer**

**INSTRUCTIONS:** The parent/ legal guardian is to complete this application for each student affected and submit it to the Office of the Superintendent for Bucyrus City Schools. Eligibility for enrollment will be determined by the Bucyrus Board of Education Bylaws and Policies Section 5113: The BOE shall permit the enrollment of students from any Ohio district in a school or program of this District, provided each enrollment is in accordance with the laws and regulations of the State concerning Inter-District Open Enrollment, the provisions of this policy, and the administrative guidelines established to implement this policy.

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**Student name:** \_\_\_\_\_

(As it appears on Birth Certificate)

First

Middle

Last

**Date of birth:** \_\_\_\_\_ **City of birth** (As it appears on birth certificate): \_\_\_\_\_

**Ethnicity:** (Check only one) ☐ Yes, Hispanic/ Latino ☐ No, Not Hispanic/ Latino **Gender:** \_\_\_\_\_

**Race:** (Check one or more regardless of ethnicity)

☐ Asian ☐ American Indian/ Alaskan Native ☐ Black/ African American ☐ Multiracial ☐ Native Hawaiian/ Pacific Islander ☐ White

**Present school building attending:** \_\_\_\_\_ **Present grade level:** \_\_\_\_\_ **School District of Residence** \_\_\_\_\_

**Parent name:** \_\_\_\_\_ **Mother's maiden name:** \_\_\_\_\_

**Parent address:** \_\_\_\_\_

**Is this child in your home through court or foster placement?** ☐ No ☐ Yes (If yes, please provide the most recent signed certified copy of the court order granting custody if you have not already done so.)

**Phone number:** \_\_\_\_\_ **Move date/ address effective date:** \_\_\_\_\_

**Please indicate if the student is presently receiving any of the following special services:**

☐ Individualized Education Program (IEP) ☐ Adapted Physical Education ☐ Special Education Tutoring  
☐ 504 Plan ☐ Physical Therapy (PT) ☐ Speech  
☐ Limited English Proficiency Services (LEP) ☐ Occupational Therapy ☐ Multi-Factored Evaluation  
☐ Gifted Education (WEP) ☐ Tutoring other than Special Education

**Anticipated grade level for 2024/2025 school year:** \_\_\_\_\_

School-age siblings:

Name \_\_\_\_\_ Grade \_\_\_\_\_ for school year 2024/2025

Name \_\_\_\_\_ Grade \_\_\_\_\_ for school year 2024/2025

Name \_\_\_\_\_ Grade \_\_\_\_\_ for school year 2024/2025

**OFFICE USE ONLY**

**APPROVED** \_\_\_\_\_ **REJECTED** \_\_\_\_\_

**Comment/ Reason(s):** \_\_\_\_\_

**Superintendent signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**SSID #** \_\_\_\_\_ **Student Attending another district per ORC 3313.64** ☐ Yes ☐ No

**Received by:** \_\_\_\_\_ **Date stamp:** \_\_\_\_\_

**PARENT AGREEMENT CONTINUED ON BACK**

**Bucyrus City School District**

## Parent Agreement to Inter-District Open Enrollment

We, the parents of \_\_\_\_\_, have been properly informed that our child is to be enrolled in a school we have selected in an adjacent district and we agree to the following conditions:

- A. Our child may not be admitted or may need to be transferred back to her/ his home school at the end of the semester or the school year, if the maximum number of enrolled students in the classroom or the program he/ she is attending becomes filled by students of that school district or by tuition students.
- B. If our child should require special education services or reasonable accommodation for a Section 504 disability, she/ he may be transferred back to a school in this district or to a school in that district that currently provides such services or can make the accommodation, if the school she/ he is attending is not providing the services or cannot make the reasonable accommodation.
- C. We, the parents, shall provide transportation for our child either to the school she/ he will be attending or to a school bus stop, if eligible to ride the bus, within that school district.
- D. We, the parents, understand that the enrollment is only for this school year, 2024-2025, and **we must submit an application again next year.**

### **PARENT/GUARDIAN CERTIFICATION:**

*I state that the information provided is true and correct. I understand that I am to notify Bucyrus City Schools if my and/or my student's address or contact information changes. I am aware that the Bucyrus City School District may use any legal means to verify my residency. I understand that falsification of information may be cause for withdrawal of my child from the Bucyrus City School district and subject me to applicable civil and criminal penalties.*

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **PLEASE RETURN THIS COMPLETED FORM TO:**

**BUCYRUS BOARD OF EDUCATION**

Attention: Megan Rittenour

170 Plymouth St.

Bucyrus, OH 44820

**IMMEDIATELY TO ENSURE YOUR CHILD'S ACCEPTANCE.**