**Cambridge City Schools** 5113 F1

**Office of the Superintendent** INTERDISTRICT OPEN ENROLLMENT APPLICATION

518 S. 8th Street ***REQUEST(S) WILL BE ACTED UPON BY JULY 15TH***

Cambridge, Ohio 43725 **2025-2026**  School Year SSID#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(740) 435-1122 or (740) 439-3547 (For office use only)

Student’s Full Legal Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (First) (Middle) (Last)

Parent/Guardian’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s Maiden Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip:\_\_\_\_\_\_\_\_\_ County:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell:\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthplace City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s Gender: (please circle): Male Female

Current Grade Level:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student's Ethnicity: 1. Is the student Hispanic/Latino? \_\_\_\_\_Yes \_\_\_\_\_No

 2. Which of the five racial groups apply to the student? (Check all that apply)

 \_\_\_\_American Indian/Alaska Native, \_\_\_\_\_Asian, \_\_\_\_\_Black or African American,

 \_\_\_\_Native Hawaiian or other Pacific Islander, \_\_\_\_\_\_White

Does/Has the student ever received special education services? \_\_\_\_\_\_\_ Does the student have a current IEP?\_\_\_\_\_\_\_

If yes, please circle which one: Speech Occupational Therapy Physical Therapy Other Services:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Are there any 504 Plan Accommodations?\_\_\_\_\_Yes \_\_\_\_No

What special programs is your student enrolled in? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If wanting to enroll for specific high school courses or special class, list desired classes:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Reason for leaving:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current School District Student Attends:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has the student been suspended or expelled from school for 10 or more consecutive days during the present school year? \_\_\_\_\_ Yes \_\_\_\_\_\_\_No

***\*\*\* APPLICATION FORM MUST BE RECEIVED BEFORE JUNE 1ST AT THE ABOVE ADDRESS\*\*\****

I have read and understand this policy, and my signature authorizes the district to receive and review the student’s records. False information can be grounds for denial of participation.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Guardian’s Signature Date**

**Building Principal: Approve \_\_\_\_\_\_ Disapprove\_\_\_\_\_\_\_ Principal’s Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**District Building Assignment: Preschool** **CPS (K-2) CIS (3-5) CMS (6-8) CHS (9-12)**

**(For Office Use Only)**

**Received by\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_ Time \_\_\_\_\_\_\_\_\_**

**Approved by\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Rejected by\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_**

**Comments/Reasons\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Adopted: 3/93; Rev. 1/2000, 3/04, 4/05, 3/23**

**Cambridge City School District**

**ADMINISTRATIVE GUIDELINES FOR INTERDISTRICT OPEN ENROLLMENT**

(information for parents/guardians)

Cambridge City School District’s Board of Education has adopted the following resolution:

 Cambridge City School District will participate in Interdistrict Open

 Enrollment as prescribed by S.B. 140, and the Ohio Department of

 Education.

Guidelines for students transferring to a school district participating in the Interdistrict Open Enrollment Program are as follows:

1. The application for interdistrict open enrollment must be submitted on the official receiving school district’s Interdistrict Open Enrollment Application form between May 1st and May 31st and **before** June 1st to the Superintendent’s Office of the receiving district.
2. Applications must be submitted for each student separately and annually.
3. Acceptance of students is at the discretion of the participating district in accordance with the district’s policies and guidelines.
4. The Cambridge City School District will accept no responsibility for any transportation of students participating in open enrollment unless it is deemed practical and reasonable by the administration.
5. If there are any questions, contact the Board of Education Office at 740.439.5021.

**Cambridge City School District**

Administrative Guidelines 5113

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INTERDISTRICT OPEN ENROLLMENT

The Cambridge City School District Board of Education believes that a student should, under certain prescribed circumstances, benefit from an interdistrict open enrollment policy. Guidelines for the transfer of students, based upon policy established by the schools and in conjunction with recommendations from officials of the Ohio Department of Education are listed below. The specific criteria for this program shall be consistent with ORC 3313.64 and 3313.65.

1. Any application for an interdistrict transfer must be submitted to the Superintendent’s office of the student’s minted district of enrollment between May 1 and May 31 and **before June 1** each year. Applications will be acted upon by July 15. One application must be submitted each year for each student who requests an interdistrict transfer. Copies of application and approvals shall be provided to the Superintendent’s office of the student’s district of residence. The receiving district reserves the right to assign the building.
2. Interdistrict transfer will be permitted if the enrollment of the grade level, class level, and building level being requested at the receiving district does not exceed the following: (Enrollment limits for grade levels may change each year.)

Grade School Grade Level Enrollment Limit

K-3 20…………….per class

4-5 22…………….per class

6-8 CMS 600…………..total students

Individual high school class enrollment is set by available stations.

Special Education Units - 8 students below state established caps.

**CLASS SIZES TO BE ESTABLISHED BY THE BOARD OF EDUCATION.**

The enrollment figures are for open enrollment guidelines and not caps set for district class sizes for native students residing in the district.

1. No student once accepted in that school year by the receiving district will be displaced should enrollment exceed the limits stated above.
2. Second semester transfers will be considered at the high school in courses where semester credits are given. Applications must be received no later than thirty (30) calendar days prior to the beginning of the second semester.

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ADMINISTRATIVE GUIDELINES Page 2

INTERDISTRICT OPEN ENROLLMENT

1. Enrollment in a special program, i.e, gifted learning disabilities and cognitive disabilities, emotional disturbance, etc., will dictate which building a student must attend as the units may be cooperative among several districts and may not be housed in the child’s district of residence.

 Acceptance into a special program will follow established guidelines.

1. Students with handicapping conditions may be rejected for interdistrict transfer if the services described in the student’s Individual Education Plan (IEP) are not available in the receiving district’s schools. Enrollment limits per special education units shall not be exceeded.
2. Districts are not required to institute any special education programs to serve transfer students.
3. Ohio High School Athletic Association eligibility guidelines will be in effect. (See OHSAA rule.)
4. Students with discipline problems may be rejected for interdistrict transfer only if they have been suspended or expelled by the sending district for ten (10) consecutive days or more in the current term or school year the application is made.
5. Applicants shall be considered on a first-come, first-served basis, annually, with an assurance that native students will not be displaced and participants in the previous year’s program will be given preference. Enrollment levels will determine annual approval (i.e., approval one year does not guarantee approval in the future).
6. Applicants may be rejected if the racial balance of either the sending or the receiving schools district would be negatively impacted.
7. Participating districts will accept no responsibility for the transportation of students to other districts unless it is deemed practical by the administration.
8. All approved transfers are in effect for the entire school year. The policy may be discontinued at the discretion of the participating boards of education.
9. With local policy or negotiated agreements, district employees’ student(s) will be considered resident students.
10. Applications received after the designated dates may be considered on an individual basis if extenuating circumstances exist. Examples include change in residence from outside Ohio, family divorce or separation, family disruption, etc.

Legal Reference: ORC 3313.64, 3313.65 and 3313.98

CAMBRIDGE CITY SCHOOL DISTRICT

Adoption: March 3, 1993 Revised: January 2000/March 2004/April 2005/March 2023