**Nordonia Hills City School District**

**2025-2026 Intra-District Open Enrollment Application**

**(Request to transfer elementary level student from one building to another)**

Please read and refer to: Nordonia Hills City Schools Intra-District Open Enrollment Policy (6.04)

**Application Period:** March 3- April 30, 2025. Application will be considered on a first-come first-served basis. Please complete one application per child

**Grade Level for**

**Name of Student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **2025-26 School Year \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Home School based on current residence (**please circle):

Northfield Ledgeview Rushwood

**Requesting to attend the following building** (please circle):

Northfield Ledgeview Rushwood

Northfield Ledgeview Rushwood

**Address** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**City** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone: **Home**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Cell** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Guardian Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child have any siblings in the district that also require a transfer? \_\_\_\_\_\_\_Yes \_\_\_\_\_\_\_No

(If yes, please complete a separate application)

Reason for the request to transfer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Have you contacted the building principal where your child currently attends? \_\_\_\_\_\_\_Yes \_\_\_\_\_\_\_No

Have you had a conference with the principal and teacher concerning the reason

for your request to have your child transferred? \_\_\_\_\_\_\_\_Yes \_\_\_\_\_\_\_No

My signature certifies that I have read, understand, and agree to adhere to Policy 6.04 Intra District Open Enrollment including the fact that **acceptance is for only one (1) school year** and must be renewed each year.

**I assume full responsibilities for transporting my child to and from school.**

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

 Return Application to: Nordonia BOE, 9370 Olde Eight Road, Northfield OH 44067 Attn: Open Enrollment

 OFFICE USE: Date Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ New \_\_\_\_\_\_\_ Renewal \_\_\_\_\_\_

 Approved \_\_\_\_\_

Rejected \_\_\_\_\_ Signature of Approval \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_