



# Nordonia Hills City School District 2024-2025 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 1- April 30, 2024. Application will be considered on a first-come first-served basis.  
Please complete one application per child

**Name of Student** \_\_\_\_\_ **Grade Level for 2024-2025 School Year** \_\_\_\_\_

<b>Home School based on current residence</b> (please circle):		
Northfield	Ledgeview	Rushwood

<b>Requesting to attend the following building</b> (please circle):		
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: \_\_\_\_\_  
\_\_\_\_\_

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 _____	