



Hillsboro City Schools
Central Registration Office
39 Willettsville Pike
Hillsboro, Oh 45133
937-393-3475

OPEN ENROLLMENT APPLICATION

Open Enrollment Application for school year _____ at Grade Level _____

Name of Student _____ SS# _____

Address* _____

*Attach copy of recent utility bill or other proof of residency document

Parent or Guardian _____

Home Phone # _____ Cell # _____ Work # _____

Building/School Presently Attending _____

Present School District of Residence _____

Yes No Is the student enrolled in any special education programs or has the student been evaluated or referred for special education?

If yes, explain _____

Yes No Has the student been suspended for 10 or more consecutive days or expelled during this or the previous semester?

If yes, explain _____

Why are you applying for open enrollment for your child? _____

- Applications must be received by HCS Central Registration between April 1st and July 1st
- Application will be acted upon no later than August 1st.

Parent/Guardian Signature _____ Date _____

Do Not Write Below this Line-Office Use Only

Received by _____ Date _____ Time _____

Principal _____ Date _____

Superintendent _____ Date _____

Application Approved _____ Application Rejected _____

Reason for rejection: _____