INTER-DISTRICT OPEN ENROLLMENT APPLICATION PAULDING EXEMPTED VILLAGE SCHOOLS

405 North Water Street, Paulding, OH 45879 Phone 419-399-4656 - Fax 419-399-2404 - IRN 045575

Student Last Name:	First	_Middle
Address:	City/Zip	Gender: M or F
Date of Birth:/ Birth City/	State:	Grade for 2021-2022
School District of Residence:	Previous School Attended	:
Mother's Maiden Name:	Date of move (if moving)	
New Application *For new application, aRenewal	must provide proof of residency. See below.*	
Ethnicity: Hispanic/Latino Native Hawaiian/Pacific Native Language if other to		
Custody - Student lives with:		
	Custody	•
Court/Custody Papers Required: Not	t Applicable ☐ Included with Application	☐ On File
Address: E If Shared Parenting, please provide address, Name:	Address:Em	
•	NY school district for ten consecutive days or more ollment, please list Name and Grade of each sibling:	
no later than JUNE 30 of each year unless the that the information presented above is accurate.	tent are approved for only ONE YEAR and must be deadline is waived by the Superintendent. By sign If it is found that any of this information is inaccurate fresidency and/or court orders related to child cust pols.	ing this application, you are certifying ate, misleading or incomplete, Paulding
X Parent or Guardian Signature		_ Date
(For office use only)		
	als New Renew POR SSID#	
•	Denial:Date	
Superintendent's Signature	Date	_

^{*}Proof of residency documentation: A deed, mortgage, lease, homeowner's or renter's insurance declaration page, real property tax bill, utility bill, paycheck or paystub, bank statement, or voter registration card.