

**COSHOCTON CITY SCHOOL DISTRICT**

**INTERDISTRICT OPEN ENROLLMENT**

**POLICY AND APPLICATION**

**2026-2027 SCHOOL YEAR**

**OFFICE OF THE SUPERINTENDENT**

**1207 Cambridge Road  
Coshocton, OH 43812**

**Phone: (740) 622-1901**

**NOTE DEADLINE DATES:**

**February 26 Applications Available**

**May 2 Deadline for Applications**

**July 14 Notification of Acceptance**

**\*\*ALL Applications MUST BE SUBMITTED ANNUALLY before the Deadline\*\***

## **COSHOCTON CITY SCHOOL DISTRICT INTERDISTRICT OPEN ENROLLMENT POLICY**

Guidelines for the renewal or transfer of students, based upon criteria established by the district's administration and in conjunction with recommendations from officials of the Ohio Department of Education, are listed below.

1. Any application for a transfer or renewal of Open Enrollment to Coshocton City School District must be submitted to the Superintendent's office by May 2<sup>nd</sup> preceding the school year of the requested transfer. Application will be acted upon by July 14<sup>th</sup> of each year. **One application must be submitted each school year for each student who requests attendance in Coshocton City School District.**

*\*Any student who has been established in the district, but has had to move after the first quarter, may be considered for Open Enrollment for the remainder of the school year on a case by case basis.*

2. No student will be permitted to attend Coshocton City Schools if the enrollment of the grade level being requested exceeds class size limits of the current negotiated agreement.

3. Once accepted, no students will be displaced during the forthcoming school year should daily admissions cause enrollment to exceed the limits in paragraph number two.

4. Applications from out of district students who are being served under an Individual Education Plan (IEP) or Section 504 Plan shall not be considered if the district is not currently providing the services called for in the IEP, Section 504 Plan, or if enrollment limits become exceeded. Operating Standards for the Education of Children with Disabilities as published by the Ohio Department of Education establish a maximum ratio of students to teacher. This maximum is based on the students' exceptionality. Therefore, a copy of the IEP or Section 504 Plan is required at the time of application.

5. **Applications must be renewed yearly.** Transfers may be discontinued at the discretion of the administration in subsequent years.

6. Renewal applications will be given first consideration. All other applicants will be selected by lottery by the July notification date of each year, if the class enrollment will not allow these students to enter.

7. Parents are responsible for arranging transportation to and from school. Parents may transport their students to an established bus stop, and arrange district transportation to and from the bus stop to the school. Parents must contact the bus coordinator to make arrangements @740-622-1901. **Regular attendance is expected.**

8. Students with discipline problems may be rejected for interdistrict open enrollment if they have been suspended or expelled by a previous district in the current semester or the semester immediately preceding the application.

9. If the district application has been falsified in any manner, the application may be rejected.

10. For reasons of student accounting and state funding, **\*students must first be enrolled also in their home district school as a student participating in Open Enrollment.** State funding can then be properly disbursed.

11. **\*Please take the application form to your resident district's school office,** *(the school you are now attending or will be attending if not accepted at Coshocton,)* and have your enrollment at that school verified by a school secretary or principal.

Thank you for taking care of this before submitting your application to Coshocton City Schools.

**Please keep the first three pages for your information and return the application page to:**

**Coshocton City Schools  
Office of the Superintendent  
Attn: Open Enrollment  
1207 Cambridge Road  
Coshocton, OH 43812**

**COSHOCTON CITY SCHOOL DISTRICT  
INTERDISTRICT OPEN ENROLLMENT APPLICATION  
2026-2027**

Student Full Name: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Student Grade Level for 2026-2027 school year: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Birth City \_\_\_\_\_

Father/Step Father/Guardian: \_\_\_\_\_ Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_  
(Circle One) Full Name

Mother/Step Mother/Guardian: \_\_\_\_\_ Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_  
(Circle One) Full Name

Address \_\_\_\_\_ How Long? \_\_\_\_\_

If parents are separated/divorced, who has legal custody? \_\_\_\_\_

**Student Siblings**

Name \_\_\_\_\_ Grade \_\_\_\_\_ Name \_\_\_\_\_ Grade \_\_\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_ Name \_\_\_\_\_ Grade \_\_\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_ Name \_\_\_\_\_ Grade \_\_\_\_\_

In what district do you reside? \_\_\_\_\_

Is this application for renewal? Yes \_\_\_\_\_ No \_\_\_\_\_

Has your child been retained? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, what grade or year? \_\_\_\_\_

Has your child been accelerated? Whole grade \_\_\_\_\_ Subject (s) \_\_\_\_\_

Does your child have a current Individual Education Plan (IEP), Section 504 Plan, Written Education Plan (WEP), or Written Acceleration Plan (WAP)?

Yes \_\_\_\_\_ No \_\_\_\_\_ Please Explain \_\_\_\_\_

Was your child suspended or expelled during the 2026-2027 school year? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, for what reason? \_\_\_\_\_

Please list all schools your child attended last year \_\_\_\_\_

Please list the extra-curricular activities your child participated in last year (grades 7-12 only): \_\_\_\_\_

Please explain why you are requesting to attend Coshocton City Schools. \_\_\_\_\_

**PLEASE CHECK EACH ITEM TO VERIFY**

\_\_\_\_ I have received, read and agree to abide by the Coshocton City School District Open Enrollment Policy.  
Policy questions may be directed to Matt Nicholas or Becky Fletcher at (740) 622-1901.

\_\_\_\_ If an athletic release is necessary, I realize that the process is time consuming and that it is the parent's responsibility to obtain it from the home school district. Athletic eligibility is established by The Ohio High School Athletic Association, and open enrollment students (grades 10-12) are only eligible for 50% participation their first year in a new district if eligibility has been established in that sport as a 9<sup>th</sup> grade student in the prior district.

\_\_\_\_ I realize my student cannot legally attend Coshocton City School District unless I am enrolled in my residing school district, which is \_\_\_\_\_.

**ALL REQUESTS WILL BE CONSIDERED. NOTIFICATION OF APPROVAL WILL BE PROVIDED BY JULY 17, 2026.**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*\*\*

**This area should be filled out and signed to comply with Items 10 and 11 of the policy. If you live in a district other than Coshocton City, please have your application signed by your home district before turning it in.**

The signature below certifies that the student listed below is enrolled in his/her resident district.

Student \_\_\_\_\_ School \_\_\_\_\_

Signature \_\_\_\_\_ Title \_\_\_\_\_  
(Person Verifying Enrollment)

District \_\_\_\_\_ Date \_\_\_\_\_

\*\*\*\*\*

**THIS SECTION FOR COSHOCTON CITY SCHOOL USE ONLY**

Received by: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Student's enrollment in their home district has been verified. Yes \_\_\_\_\_ No \_\_\_\_\_

Approved by: \_\_\_\_\_

Rejected by: \_\_\_\_\_

Reasons: \_\_\_\_\_

Principal Initials: \_\_\_\_\_