



2022 Request for Open Enrollment — Middle School

INSTRUCTIONS: Students must be residents of the Ithaca City School District and registered in their Home School in order to be considered for Open Enrollment. A new application is required if a request is being made for a new, non-Home School placement. Once applications have been approved, students are not required to reapply*. Open Enrollment into a particular school is dependent upon space availability and staffing.

The parent/caregiver is to complete all information on this form and submit to Amy Augustine at 400 Lake Street, Ithaca, NY 14850 no later than **June 3, 2022**. In the absence of extenuating circumstances, late applications will not be processed.

Written notifications will begin in mid-June, but could be made as late as the end of August.

PART I: OPEN ENROLLMENT REQUEST. To be completed by parent/caregiver. (please print)

Student _____ Birth Date ____/____/____
Last First MI

Name of Parent(s)/Caregiver(s) _____ Entering Grade _____ in September 2022
6-8 only

Address _____ Home phone ____-____-____
Street

_____ Cell phone ____-____-____
City State Zip Code

E-mail address _____ Work phone ____-____-____

ICSD Home School: • Boynton Middle School • DeWitt Middle School

Requested School: • Boynton Middle School • DeWitt Middle School

Please note that Lehman Alternative Community School is not considered in the Open Enrollment process

Reason for Request _____

***I understand that, unless otherwise indicated, if this Open Enrollment request is granted: 1) transportation is not provided by Ithaca City School District and I hereby agree, by signing below, to waive ICSD transportation for my child to and from the school outside my child's designated attendance zone for the entirety of the Open Enrollment period; and 2) the Ithaca City School District reserves the right to rescind Open Enrollment due to space availability, staffing, attendance issues, and other considerations**

_____/_____/_____
Signature of Parent/Caregiver Date

PART II: ICSD ACTION. To be completed by ICSD.

Residency & registration verification completed ____/____/____
Date

ICSD Decision: • Approved • Denied

Comments: _____

_____/_____/_____
Signature, ICSD Administration Date