

**INTERDISTRICT OPEN ENROLLMENT APPLICATION
2023-2024**

STUDENT NAME: _____

PARENT/GUARDIAN NAME: _____

ADDRESS: _____

TELEPHONE NUMBER: (____) _____ Home (____) _____ Work

SCHOOL DISTRICT OF RESIDENCE _____

BUILDING PRESENTLY ATTENDED _____

GRADE LEVEL OF STUDENT IN 2023-2024 _____

IS STUDENT ENROLLED IN SPECIAL EDUCATION OR TUTORIAL PROGRAMS? _ YES OR NO

IF YES, EXPLAIN: _____

IF STUDENT WILL BE IN GRADES 9-12, LIST COURSES REQUESTED FOR THE 2023-2024 SCHOOL YEAR

_____: _____: _____; _____; _____; _____

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

APPLICATIONS MUST BE RECEIVED AT SUPERINTENDENT'S OFFICE NOT LATER THAN AUGUST 1 OF THE REQUESTED SCHOOL YEAR.

(FOR OFFICE USE ONLY)

Received by: _____

Time: _____ Date: _____

APPROVED: _____ DENIED: _____

REASONS: _____

SIGNATURE OF OFFICIAL _____ DATE _____

No student shall be denied admission to the Eastern Local School District or to a particular course or instructional program or otherwise discriminated against for reasons of race, color, national origin, sex, handicap, or any other basis of unlawful discrimination.

Return to:
Eastern Local School District
11479 US Highway 62
Winchester, Ohio 45697
FAX: 937-695-9046

