

**EASTERN LOCAL SCHOOL DISTRICT
INTERDISTRICT OPEN ENROLLMENT APPLICATION
2025-2026**

STUDENT NAME: _____

PARENT/GUARDIAN NAME: _____

ADDRESS: _____

PHONE NUMBER: _____ **HOME** _____ **WORK** _____

SCHOOL DISTRICT OF RESIDENCE _____

BUILDING PRESENTLY ATTENDED _____

GRADE LEVEL OF STUDENT IN 2025-2026 _____

IS STUDENT ENROLLED IN ANY SPECIAL EDUCATION OR TUTORIAL PROGRAMS?

_____ **IF YES, EXPLAIN:**

PARENT/GUARDIAN SIGNATURE: _____

DATE: _____

APPLICATIONS MUST BE RECEIVED AT SUPERINTENDENT'S OFFICE NO LATER THAN JULY 1, 2025 OF THE REQUESTED SCHOOL YEAR

(FOR OFFICE USE ONLY)

RECEIVED BY: _____

TIME: _____ **DATE:** _____

APPROVED: _____ **DENIED:** _____

REASONS: _____

SUPERINTENDENT SIGNATURE _____

DATE _____

NO STUDENT SHALL BE DENIED ADMISSION TO THE EASTERN LOCAL 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.