



**OPEN ENROLLMENT INTER-DISTRICT APPLICATION
2024-2025 SCHOOL YEAR**

Starting Date: _____ Grade Level for School Year Listed Above: _____

Student's Full Name _____
FIRST MIDDLE LAST

Gender: _____ Race: _____ Date of Birth: _____

Birthplace City/State: _____ Native Language: _____

Home Address: _____
STREET PO BOX CITY STATE ZIP

Current District of Residence: _____

Current District of Attendance: _____

Name of Parent(s)/Guardians(s): _____

Parents are: Married Divorced Who has residential custody? _____

Parent Phone: _____
CELL HOME WORK

Special Education Services Does the student have an IEP? No Yes

If yes, please explain: _____

Has the student been suspended or expelled within the last year? _____

School being requested: High School Middle School Elementary School

If for specific high school course(s), list desired classes: _____

APPLICATION MUST BE RECEIVED BETWEEN MARCH 15 AND MAY 1

All requests will be notified by August 1st.

PARENT/GUARDIAN SIGNATURE

DATE

Mail this form to the Superintendent's Office, 9048 Dover Road, Apple Creek, OH 44606.

A new application must be submitted yearly.

FOR OFFICE USE ONLY		
RECEIVED BY _____	DATE _____	TIME _____
APPROVED BY _____	REJECTED BY _____	
IF REJECTED, REASON: _____		

No student shall be denied admission to the Waynedale 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.