



**OPEN ENROLLMENT INTER-DISTRICT APPLICATION  
2025-2026 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.

<b>FOR OFFICE USE ONLY</b>		
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.