

# 2008-2009 INTERDISTRICT OPEN ENROLLMENT APPLICATION

Minford Local School District, P O Box 204, Minford, OH 45653

NOTE: Application must be returned to the Superintendent of Minford Local School District by May 30, 2008.

\_\_\_\_\_ Check here if you were a 2007-2008 Open Enrollment student at Minford

\_\_\_\_\_ Home School District School presently attending \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ STUDENT SS# \_\_\_\_\_

NAME OF STUDENT \_\_\_\_\_  
(Last) (First) (Middle)

PARENT/GUARDIAN'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_  
(INCLUDE CITY AND STATE)

GRADE LEVEL OF STUDENT FOR 2008-2009 SCHOOL YEAR: \_\_\_\_\_

REASON(S) FOR APPLYING TO MINFORD: \_\_\_\_\_

IS STUDENT ENROLLED IN ANY SPECIAL EDUCATION OR TUTORIAL PROGRAMS OR HAS BEEN EVALUATED FOR OR REFERRED TO SPECIAL EDUCATION? \_\_\_\_\_

IF YES, PLEASE EXPLAIN. \_\_\_\_\_

HAS THE STUDENT BEEN SUSPENDED OR EXPELLED DURING THIS SEMESTER OR THE PREVIOUS SEMESTER? \_\_\_\_\_

FOR HIGH SCHOOL APPLICANTS, LIST DESIRED CLASSES: \_\_\_\_\_; \_\_\_\_\_;

\_\_\_\_\_; \_\_\_\_\_; \_\_\_\_\_; \_\_\_\_\_.

THE INFORMATION GIVEN HERE IS TRUE TO THE BEST OF MY KNOWLEDGE. FALSIFICATION MAY RESULT IN VOIDING THIS APPLICATION.

\_\_\_\_\_  
REQUESTS WILL BE ACTED UPON NOT LATER THAN JUNE 30. PARENTS MUST INDICATE ACCEPTANCE OF TRANSFER ON OR BEFORE JULY 31.

PARENT/GUARDIAN SIGNATURE

## **\*\*Please Note:**

**NEW APPLICANTS** - If accepted, student must enroll in the guidance office of appropriate building before the first day of school.

**ALL APPLICANTS** - An application is required each year student is in the open enrollment program.

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(For Office Use Only)

RECEIVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

APPROVED \_\_\_\_\_ REJECTED \_\_\_\_\_

SIGNATURE OF OFFICIAL \_\_\_\_\_

REASON(S): \_\_\_\_\_

ID # \_\_\_\_\_ Date Entered \_\_\_\_\_ Date Withdrew \_\_\_\_\_ Date of Move \_\_\_\_\_