

2017-2018 INTERDISTRICT OPEN ENROLLMENT APPLICATION

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

*NOTE: This Application must be completed and returned to the Superintendent's Office by May 31, 2017.
 Applicant must be registered with their school district of residence.*

Check here if student was open enrolled at Minford anytime during the 2016/2017 school year

School District of Residence:	(Must Be Completed)	School Student Attended 2016/2017:	(Must Be Completed)
Student's Name:	Last (Please Print)	First	Middle
Student's SSN:		Student's D.O.B.:	
Student Resides with:	(Name of Parent/Guardian)	Relationship to Student:	
Custodial Parent Name:	(If Different from above)	Shared Parenting: <input type="checkbox"/> No <input type="checkbox"/> Yes	
If Shared Parenting, Name of Both Parents:			
Is There Any Court Action Pertaining to This Student?			
"911" Address: <i>(you are required to show proof of residency)</i>	No.	Street	
	City	State	Zip
Mailing Address: <i>(If different than "911" address)</i>	No.	Street	
	City	State	Zip
Do You:	<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other <i>(Please Specify):</i>		
Telephone No.:	Home	Work	Mobile/Other
Grade level of student for 2017-2018 school year:			
<input type="checkbox"/> K <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12			
<i>for grades 9, 10, 11 or 12, list desired classes:</i>			
Is student enrolled in any special education programs or has the student been evaluated for and/or referred for special education?			<input type="checkbox"/> No <input type="checkbox"/> Yes
<i>If "Yes", please explain:</i>			
Has student been suspended or expelled during this or the previous semester?			<input type="checkbox"/> No <input type="checkbox"/> Yes
<i>If "Yes", please explain:</i>			
Parent/Guardian SIGNATURE:		DATE:	
<i>NOTE: Incomplete applications may be denied. Parent/Guardian will be notified in writing, of decision. Once accepted, student must continue to maintain a good attendance and discipline record.</i>			
FOR MLSD OFFICE USE ONLY - DO NOT WRITE BELOW THIS LINE			
Received by:		Date & Time:	
<input type="checkbox"/> Approved <input type="checkbox"/> Rejected	<i>Building Principal Signature</i>	Date:	
<input type="checkbox"/> Approved <input type="checkbox"/> Rejected	<i>Superintendent Signature</i>	Date:	
Reason Rejected:			
ID #	Date Entered:	Date Withdrew/Moved:	