

2009-2010 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 29, 2009.

____ Check here if you were a 2008-2009 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 UPCOMING (2009-2010) 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.

_____ PARENT/GUARDIAN SIGNATURE
REQUESTS WILL BE ACTED UPON NOT LATER THAN JUNE 30. PARENTS MUST INDICATE ACCEPTANCE OF TRANSFER ON OR BEFORE JULY 31.

****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.

(For Office Use Only)

RECEIVED BY: _____ DATE: _____ TIME: _____

APPROVED _____ REJECTED _____

SIGNATURE OF OFFICIAL _____

REASON(S): _____

ID # _____ Date Entered _____ Date Withdrew _____ Date of Move _____