

# 2024-2025 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, 2024.  
Applicant must be registered with their school district of residence.*

Check here if student was open enrolled at Minford anytime during the 2023-2024 school year

<b>School District of Residence:</b>	<small>(Must Be Completed)</small>	<b>School Student Attended 2023-2024:</b>	<small>(Must Be Completed)</small>
<b>Student's Name:</b>	<small>Last (Please Print)</small>	<small>First</small>	<small>Middle</small>
<b>Student's SSN:</b>		<b>Student's D.O.B.:</b>	
<b>Student Resides with:</b>	<small>(Name of Parent/Guardian)</small>	<b>Relationship to Student:</b>	
<b>Custodial Parent Name:</b>	<small>(If Different from above)</small>	<b>Shared Parenting:</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes
<b>If Shared Parenting, Name of Both Parents:</b>			
<b>Is There Any Court Action Pertaining to This Student?</b>			
<b>"911" Address:</b> <small>(you are required to show proof of residency)</small>	<small>No</small>	<small>Street</small>	
	<small>City</small>	<small>State</small>	<small>Zip</small>
<b>Mailing Address:</b> <small>(If different than "911" address)</small>	<small>No</small>	<small>Street</small>	
	<small>City</small>	<small>State</small>	<small>Zip</small>
<b>Do You:</b>	<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other <small>(Please Specify):</small>		
<b>Telephone No.:</b>	<small>Home</small>	<small>Work</small>	<small>Mobile/Other</small>
<b>Grade level of student for 2024-2025 school year:</b>			
<input type="checkbox"/> PK <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			
<small>for grades 9, 10, 11 or 12 , list desired classes:</small>			
<b>Is student enrolled in any special education programs or has the student been evaluated for and/or referred for special education?</b>			<input type="checkbox"/> No <input type="checkbox"/> Yes
<small>If "Yes", please explain:</small>			
<b>Has student been suspended or expelled during this or the previous semester?</b>			<input type="checkbox"/> No <input type="checkbox"/> Yes
<small>If "Yes", please explain:</small>			
<b>Parent/Guardian SIGNATURE:</b>			<b>DATE:</b>
<small>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.</small>			
<b>FOR MLSD OFFICE USE ONLY - DO NOT WRITE BELOW THIS LINE</b>			
<b>Received by:</b>		<b>Date &amp; Time:</b>	
<input type="checkbox"/> Approved <input type="checkbox"/> Rejected	<small>Building Principal Signature</small>	<b>Date:</b>	
<input type="checkbox"/> Approved <input type="checkbox"/> Rejected	<small>Superintendent Signature</small>	<b>Date:</b>	
<b>Reason Rejected:</b>			
<b>ID #</b>	<b>Date Entered:</b>	<b>Date Withdrew/Moved:</b>	