## 2023-2024 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, 2023.   |   |                     |                     |
|---|---|---------------------|---------------------|
| Applicant must be registered with their school district of residence.  Check here if student was open enrolled at Minford anytime during the 2022/2023 school year                                |   |                     |                     |
| School District   |   | School Student      |                     |
| of Residence:   |   | Attended 2022/2023: | (Must Be Completed) |
| Student's Nemer   |   |                     |                     |
| Student's Name:   | Last (Please Print)                         | First Student's     | Middle              |
| Student's SSN:  | ·   | D.O.B.:             |                     |
| Student Resides   |   | Relationship        |                     |
| with:  Custodial Parent   |   | to Student:         |                     |
| Name:   | (If Different from above)                   | Shared Parenting:   | □No □Yes            |
| If Shared Parenting, Name of Both Parents:  |   |                     |                     |
| Is There Any Court Action Pertaining to This Student?   |   |                     |                     |
| "911" Address:  |   |                     |                     |
| (you are required to<br>show proof of residency)  | No.   |                     | Street              |
|   | City  | State               | Zip                 |
| Mailing Address:  | Nic   | Christ              |                     |
| (If different than "911"<br>address)  | No.   |                     | Street.             |
|   | City  | State               | Zíp                 |
| Do You:   | Do You: □Own □Rent □Other (Please Specify): |                     |                     |
| Telephone No.:  | Home  | , Work              | Mobile/Other        |
| Grade level of student for 2023-2024 school year:   |   |                     |                     |
| □PK □K □1 □2 □3 □4 □5 □6 □7 □8 □9 □10 □11 □12   |   |                     |                     |
| for grades 9, 10, 11 or 12, list desired classes:   |   |                     |                     |
| ls student enrolled in any special education programs or has the student been   |   |                     |                     |
| evaluated for and/or  | referred for special education?             |                     | □No □Yes            |
| If "Yes", please explain:   |   |                     |                     |
| Has student been suspended or expelled during this or the previous semester?  |   |                     |                     |
| semester !  |   |                     | □No □Yes            |
| If "Yes", please explain:   |   |                     |                     |
| Parent/Guardian   |   |                     |                     |
| SIGNATURE:  |   |                     | DATE:               |
| 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. |   |                     |                     |
| FOR MLSD OFFICE USE ONLY - DO NOT WRITE BELOW THIS LINE   |   |                     |                     |
| Received by:  |   | Date & Time:        |                     |
| ☐ Approved  |   |                     |                     |
| ☐ Rejected  | Building Principal Signal                   | ture                | Date:               |
| □ Approved  |   |                     |                     |
| ☐ Rejected  | Superintendent Signatu                      | ire                 | Date:               |
| Reason Rejected:  |   |                     |                     |
| ID#   | Date Entered: Date Withdrew/Moved:          |                     |                     |