

2022-2023
SWITZERLAND OF OHIO LOCAL SCHOOL DISTRICT
INTRADISTRICT OPEN ENROLLMENT APPLICATION (Must fill out each year)
(FOR STUDENTS WITHIN THE DISTRICT)

STUDENT'S NAME _____ APPLICATION DATE _____

DATE OF BIRTH _____ MALE/FEMALE _____

RACE – check one: ☐ White ☐ Black/African American
☐ American Indian/Alaska Native ☐ Native Hawaiian/Pacific Islander

PARENT/GUARDIAN NAME _____

RELATIONSHIP TO STUDENT _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

HOME PHONE _____ WORK PHONE _____

NAME OF CURRENT SCHOOL ATTENDED _____

GRADE LEVEL OF STUDENT: CURRENTLY _____ UPCOMING YEAR **2022-2023** _____

NAME OF SCHOOL OR SCHOOLS REQUESTED FOR UPCOMING SCHOOL YEAR _____

IF ENROLLING FOR SPECIFIC HIGH SCHOOL COURSES OR SPECIAL EDUCATION CLASSES, PLEASE LIST:

IS STUDENT ENROLLED IN ANY SPECIAL EDUCATION OR TUTORIAL PROGRAMS? _____
PLEASE SPECIFY CURRENT IEP DISABILITY CONDITION _____

TRANSPORTATION IS NOT GUARANTEED FOR STUDENTS ACCEPTED UNDER INTRADISTRICT OPEN ENROLLMENT.
ARE YOU ABLE TO PROVIDE TRANSPORTATION IF THE DISTRICT CANNOT TRANSPORT YOUR CHILD TO THE
REQUESTED SCHOOL? _____ Yes _____ NO

HAS THE STUDENT BEEN SUSPENDED OR EXPELLED FROM SCHOOL FOR TEN (10) OR MORE CONSECUTIVE DAYS
THIS PRESENT SCHOOL YEAR? _____ YES _____ NO

I HAVE READ AND I UNDERSTAND THIS POLICY, AND MY SIGNATURE AUTHORIZES THE DISTRICT TO RECEIVE AND
REVIEW THE STUDENT'S RECORDS. FALSE INFORMATION ON THIS APPLICATION MAY BE GROUNDS FOR DENIAL
OF PARTICIPATION.

PARENT/GUARDIAN SIGNATURE _____

APPLICATIONS MUST BE RECEIVED BY THE SUPERINTENDENT'S OFFICE BY **MAY 2, 2022** FOR CONSIDERATION
FOR THE FOLLOWING SCHOOL YEAR. REQUESTS WILL BE ACTED UPON BY **MAY 31, 2022** AND PARENTS WILL BE
NOTIFIED BY MAIL.

(FOR OFFICE USE ONLY)

Date Received _____ Time Received _____ Received by _____

Approved by _____ Rejected by _____

Reason _____

Parent Notification: Date _____

PRINCIPAL _____ SBEA _____ SBHS _____ SHAN/RES _____ SHVS _____ SPOW _____ SRVH _____ SSKY _____ SWOO _____

No student shall be denied admission to the Switzerland of Ohio Local School District or to a particular course of
instructional program or otherwise discriminated against for reason of race, color, national origin, sex, handicap,
or any other basis of unlawful discrimination.

EMIS COORDINATOR _____ DATE _____