## WAYNEDALE LOCAL SCHOOL DISTRICT INTERDISTRICT OPEN ENROLLMENT APPLICATION 2024-2025 SCHOOL YEAR

Starting Date			_				
Student's Full	Name:						
		First		Middle	Last		
Gender:	Race	Grade Level 2024-2025			D.O.B		
Birthplace City	λ:		N	lative Languag	e:		
Home Addres	SS						
	Street Add	dress	PO Box	•	State	Zip	
Current Distric	t of Residence	<b>}:</b>					
Current Distric	t of Attendan	ce:					
Name of pare	ent(s)/guardia	ın(s):					
Married	Divorced	_ Who has re	esidential cu	stody?			
Phone				_			
	Home		Work		150		
Special Educa	ition Services				I.E.P:	YESNO	
If yes, please	explain						
Has the studer	nt been susper	nded or expe	elled within t	he last year?_			
Name of Scho	ool Building re	quested:					
If for specific	high school co	urses, list des	sired classes:	:			
					I 15 AND MAY 1		
All requests will be notified by August 1 <sup>st</sup> .  Parent/Guardian Signature Application Date							
For Office Use	e Only						
Received by _			Date		Time		
Approved by			Re	Rejected by			
-							

Mail this form to Superintendent's Office, 9048 Dover Road, Apple Creek, OH. 44606
Application must be submitted yearly.

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