SOUTHEAST LOCAL SCHOOL DISTRICT
INTERDISTRICT OPEN ENROLLMENT APPLICATION
2017-2018 SCHOOL YEAR

Student S.S. # _____ Starting Date _____

Student's Full Name: _____
First Middle Last

Gender: _____ Race _____ Grade Level 2017-2018 _____D.O.B_____

Birthplace City: _____ Native Language: _____

Home Address _____
Street Address City State Zip

Current District of Residence: _____

Current District of Attendance: _____

Name of parent(s)/guardian(s): _____

Phone _____ _____
Home Work

Special Education Services _____ I.E.P: YES__NO__

If yes, please explain _____

Has the student been suspended or expelled within the last year?_____

Name of School Building requested: _____

If for specific high school courses, list desired classes: _____

_____, _____, _____, _____

APPLICATION MUST BE RECEIVED BETWEEN MARCH 15 AND MAY 1

Requests will be acted upon not later than June 15. Parents must indicate acceptance of transfer on or before June 30.

Parent/Guardian Signature _____ Application Date_____

For Office Use Only

Received by _____ Date _____ Time _____

Approved by _____ Rejected by _____

If Rejected, Reason:_____

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.

Revised 02/05