

OPEN ENROLLMENT INTRADISTRICT APPLICATION

2019 - 2020 School Year

Application Date: _____

File: JECBD-E

Home School: (check one) Apple Creek Elementary Fredericksburg Elementary
 Holmesville Elementary Mt. Eaton Elementary

School requesting to attend: _____

Name of Student: _____ Race: _____
Full Legal Name - First Middle Last

Name of current school attended: _____

Name of school(s) attended: _____

Grade Level of student for 2019-2020 school year: _____

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

Address: _____
Street Address P.O. Box City State / Zip

Phone: _____
Home Work

***APPLICATION MUST BE RECEIVED BY THE SUPERINTENDENT NO LATER THAN
APRIL 1ST OF THE CALENDAR YEAR***

PARENT NOTIFICATION

Approved _____

Rejected _____ Reason _____

Date _____ Time _____

(For Office Use Only)

Intradistrict Enrollment Application: Date Received _____ Time Received _____

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.

Southeast Local School District, Apple Creek, Ohio