

**ELIDA LOCAL SCHOOLS  
OPEN ENROLLMENT APPLICATION**

**Deadline: April 30th**

Today's Date \_\_\_\_\_

Student Name \_\_\_\_\_ New Applicant \_\_\_\_\_ Renewal \_\_\_\_\_

School Year Applying For 20\_\_\_\_\_-20\_\_\_\_\_ Grade Level Applying For \_\_\_\_\_

Student Date of Birth \_\_\_\_\_ Sex: \_\_\_\_Male \_\_\_\_Female

Has student ever been enrolled at Elida Local Schools? \_\_\_\_No \_\_\_\_Yes If so, when? \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Phone No. \_\_\_\_\_

Parent/Guardian Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Current District of Residence \_\_\_\_\_ Current Grade Level \_\_\_\_\_

Is student enrolled in special education, tutorial programs, or specialized programs of any type? \_\_\_\_\_  
If yes, please explain: \_\_\_\_\_

Has student been suspended or expelled for ten consecutive days during the current or preceding school term? \_\_\_\_\_

If there are special circumstances that should be considered in the evaluation of this application, please describe? \_\_\_\_\_  
\_\_\_\_\_

**ONE APPLICATION** must be submitted **EACH YEAR** for **EACH STUDENT** requesting an interdistrict transfer. **Students accepted for interdistrict enrollment MUST ENROLL in their resident district.** *Completed applications should be returned to the Superintendent's office at the following address:*

*Elida Local Schools, 4380 Sunnydale, Elida, Ohio 45807*

My/our signature(s) indicate(s) awareness that completion of this application DOES NOT provide permission to change district attendance. It is merely a request to do so.

My/our signature(s) indicate(s) that administrators of our district and the district where attendance is desired may exchange any and all information and records relative to my/our child.

PARENT/GUARDIAN SIGNATURE(S): \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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(For office use only)  
Superintendent's Signature \_\_\_\_\_ Approved \_\_\_\_\_ Denied \_\_\_\_\_

Date \_\_\_\_\_