



2019-2020 INTERDISTRICT OPEN ENROLLMENT APPLICATION

PLEASE NOTE: This form must be completed for each student requesting admission. This application must be returned to the school district you wish to attend. Edison Local Schools, 140 S. Main Street, Milan, OH 44846

PLEASE PRINT

Name of student (First) (Middle) (Last) Date

Date of birth Male Female City of Birth

Parent/Guardian's name Phone

Address (Street) (City) (Zip)

Present school district of residence

School building presently attending

Current grade level

Grade level of student for upcoming school year

Is student enrolled in any special education or tutorial programs?

If yes, please explain

Is student currently or has student ever been suspended or expelled?

If yes, please explain

Is student enrolled in a vocational school? No Yes

If yes, vocational school name

Will you be requesting open enrollment for any siblings at this time? YES NO

\* If yes, please list names and grade levels on the back of this form. PLEASE NOTE: A separate form must be completed for EACH child requesting open enrollment.

Signature of Parent/Guardian

APPLICATION MUST BE RECEIVED BETWEEN MAY 1-MAY 31.

Requests will be acted upon no later than June 15.

Parents must indicate acceptance of transfer on or before June 30.

(For Office Use Only)

Received by Date Time Approved Rejected

Signature of Official

Reason(s)