

**EASTERN LOCAL SCHOOL DISTRICT  
INTERDISTRICT OPEN ENROLLMENT APPLICATION**

Date \_\_\_\_\_ Student SS# \_\_\_\_\_ D.O.B. \_\_\_\_\_

Student Name \_\_\_\_\_  
(Last) (First) (Middle)

Address \_\_\_\_\_ Phone \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Parent/Guardian Signature \_\_\_\_\_

Present School District of Residence \_\_\_\_\_

School Building Presently Attending \_\_\_\_\_

Current Grade Level of Student \_\_\_\_\_

List all specific high school courses to be requested:

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

Is the student enrolled in any special education program or has the student been evaluated for or referred for special education? If yes, please explain? \_\_\_\_\_

\_\_\_\_\_

Has the student been suspended or expelled for 10 or more consecutive days during this or the previous semester? If yes, please explain? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**NOTE:** 1. Falsification of any of the above information may result in the voiding of this application.  
2. Requests will be acted upon no later than June 15th. Parents must indicate acceptance of transfer on or before June 30th or the application may be voided.

***FOR OFFICE USE ONLY-DO NOT WRITE BELOW THIS LINE***

\_\_\_\_\_

Received by \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Approved \_\_\_\_\_ Rejected \_\_\_\_\_

Signature of Official \_\_\_\_\_

Reason(s) \_\_\_\_\_