

**LOGAN ELM LOCAL SCHOOLS
INTERDISTRICT OPEN ENROLLMENT APPLICATION**

Requested for School Year _____ Application Date _____

Grade Level for New School Year _____ Open Enrollment Student Last Year? Yes ___ No ___

Student's Name: _____ Student's Date of Birth: _____

Student's Social Security Number: _____ - _____ - _____

Parent(s)/Legal Guardian(s): _____

Address: _____

Telephone (Home): _____ Telephone (Work/Cell): _____

In what school district do you reside? _____ School District

What school does your child attend? _____ School. Present Grade Level of Student _____

List special education services needed ** _____

If grade level request is 9-12, list the high school courses requested (open enrollment transfer acceptance does NOT guarantee that every course requested will be available):

What school within the Logan Elm School District do you prefer your child to attend? Preferences of elementary building may be stated, but there is no assurance that the assignment will be made. (Please circle)

Laurelville Elementary

Pickaway Elementary

Washington Elementary

Salt Creek Intermediate

McDowell Middle School

Logan Elm High School

Has the student been suspended or expelled from school for ten or more school days the previous school year?

Yes _____

No _____

Misinformation on this application will void consideration.

- A separate application must be submitted for each student.
- Required data as per Senate Bill 140 – Interdistrict Open Enrollment

I have read, reviewed, and accept the Logan Elm Local School District Interdistrict Open Enrollment policies and guidelines.

Parent/Guardian Signature

Date

For Office Use Only

Received by: _____ Date: _____ Time: _____

Circle One: Approved Denied

Reason(s) for denial: _____

Signature of School Official: _____ Date: _____

* No student shall be denied admission to the Logan Elm 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.

Logan Elm Local Schools
9579 Tarlton Road
Circleville, OH 43113

RESIDENCE VERIFICATION FORM

I, _____, certify that I am a resident of the
_____ School District at

Address _____

City/Zip Code _____

Date of Occupancy _____

Verification of above residence provided by copy of one of the following items:

- _____ Signed Rental Agreement
- _____ Mortgage Coupon
- _____ Rent receipt with current address
- _____ Property tax statement
- _____ Utility Bill
- _____ Other

_____ Special circumstances (Letter describing circumstance). Applicant must have a notarized letter from the owner you are residing with. Upon return, resident will be verified by district truant officer.

I, _____, further certify that the above information is true and accurate. Should any of this information be false, I understand that immediate withdrawal will occur. I am aware that the Logan Elm Local School District may use legal means to verify my residence.

Child(ren)	Birthdate	Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Signature of Parent/Guardian

Relationship to Child

Date: _____