

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

Application Date: _____

Name of Student: _____

Name of current school attending: _____

Name of school you are applying to attend: _____

Grade level of student for upcoming school year: _____

Parent(s)/Legal Guardian(s):

Address: _____

Telephone (Home): _____

Telephone (Work/Cell): _____

**APPLICATION MUST BE RECEIVED BY THE SUPERINTENDENT NO LATER
THAN MAY 5, 2017.**

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.