

Green Local School District
INTERDISTRICT OPEN ENROLLMENT APPLICATION

Student Name: _____

Parent/Guardian Name: _____

Address: _____ Telephone: _____

Current Grade Level: ____ Grade Level Next School Year (for which open enrollment is requested) ____

School District of Residence: _____ School Most Recently Attended: _____

Please Circle YES or NO to the following:

A. Does the student currently attend Green Local Schools? YES NO

B. Has the student been accepted as an open enrollment student previously at Green Local Schools? YES NO

C. Does the student live with a grandparent in the Green Local School District? YES NO

If YES, provide the name and address of the grandparent: _____

D. Is the student a child of an employee of the Green Local Schools? YES NO

E. Is the student a child of a graduate of the Green Local Schools? YES NO

F. Was the student suspended or expelled from school for 10 or more consecutive days during the current school year or the immediately preceding school year? If YES, please explain the circumstances of the suspension or expulsion: YES (explain below- if more room needed, continue on back) NO

G. Is the student receiving services under an IEP? YES NO

I understand that, in order to be considered, this application must be filled out completely, and the following documents must be attached:

Immunization Records, Birth Certificate, Transcript and Grade Card, Custody Documents and IEP (if applicable).

I CERTIFY THAT ALL INFORMATION CONTAINED IN THE APPLICATION IS TRUE, AND I UNDERSTAND THAT THE FALSIFICATION OF ANY OF THE ABOVE WILL VOID THIS APPLICATION AND/OR THE ENROLLMENT OF MY CHILD (REN) IN THE GREEN LOCAL SCHOOL DISTRICT.

Signature of Parent/Guardian: _____ Date: _____

Received by: _____ Date: _____

Green Local School District Official

***THE BOARD OF EDUCATION RESERVES THE RIGHT TO DENY ANY AND ALL APPLICANTS AND CANCEL THE INTERDISTRICT OPEN ENROLLMENT PROGRAM AT ANY TIME FOR ANY SCHOOL YEAR.**