

SOUTHERN LOCAL SCHOOL DISTRICT
OPEN ENROLLMENT
2021-2022
Inter-District Open Enrollment Application

This application must be returned to the office of the Superintendent of the Southern Local School District 38095 SR 39, Salineville, OH 43945.

Date: _____ Student SS# : _____

Name of Student: _____ Birthdate: _____

Parent/Guardian's Name: _____

Address: _____

Home Phone: _____ Business Phone: _____

Present School District of Residence: _____

School Building Presently Attending: _____

Projected Grade Level of Student for upcoming year: _____

Reason for open enrollment request _____

Signature of Parent/Guardian _____

FOR OFFICE USE ONLY

Received by: _____ Date: _____

Approved _____ Rejected: _____

Reason: _____

Signature of Official: _____

(Based on accuracy of information provided)

**Southern Local School District
Open Enrollment
2021-2022**

PARENT AGREEMENT TO AN INTER-DISTRICT OPEN ENROLLMENT

We have been properly informed that our child is to be enrolled in a school we have selected in the Southern Local School District, an adjacent district, and agree to the following conditions:

1. Our child may not be admitted or may need to be transferred back to his/her home school at the end of the school year, if the maximum number of enrollment in the classroom or programs he/she is attending become filled by students of the Southern Local School District or by tuition students.
2. If our child should require special education services or a reasonable accommodation for a Section 504 disability, he/she may be transferred back to a school in his/her residence district.
3. We shall provide the transportation for our child either to the school he/she will be attending or to a school bus stop within the Southern Local School District.

Date

Parent/Guardian

Parent/Guardian

FOR OFFICE USE ONLY

Name of Student: _____

Building Attending: _____

Grade Level: _____

School year: _____

Superintendent's Signature _____