

SOUTHERN LOCAL SCHOOL DISTRICT
OPEN ENROLLMENT
2022-2023
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)