

2022 - 2023 Liberty Center Local Schools Open Enrollment Application

Student: _____
First Name
Middle Name
Last Name

Date of Birth: _____ City of Birth: _____

School District of Residence: _____

County of Residence: _____ Student grade level for upcoming year: _____

Ethnicity: White Black Hispanic Asian American Indian Pacific Islander

Was the student enrolled in any special education, gifted, or tutorial programs last school year? If so, please indicate program(s): _____

Parent/Guardian Name: _____
First Name
Last Name

Address: _____ City: _____

State: _____ Zip: _____ Phone #: _____

- A new application must be filled out each school year for each student requesting enrollment.
- Applications must be received in the Liberty Center District Office by June 15th of the year prior to transfer. **Applications will NOT be accepted after this date.**
- Request will be acted on no later than June 30th of the year prior to transfer.
- "Proof of residency" **REQUIRED** with your application.

Parent/Guardian: _____
Signature
Date

Please submit application to: Liberty Center Local Schools
 Attn: Ruth Niese
 100 Tiger Trail
 Liberty Center, OH 43532

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 For Office Use Only
 Received by: _____ Date: _____

Approved Rejected Superintendent's Signature: _____ Date: _____

If rejected; reason for rejection: _____

District of Residence Notification Date: _____ Employee Initials: _____ SSID# _____