



# Southern Local Schools

## NEW OPEN ENROLLMENT APPLICATION 2026/2027 SCHOOL YEAR INTER-DISTRICT

FOR OFFICE USE ONLY	
<input type="checkbox"/> Postmark	<input type="checkbox"/> In Person
<input type="checkbox"/> Fax	<input type="checkbox"/> Emailed
Date Received	_____
Time Received	_____
Received By	_____

APPLICATIONS MUST BE **RECEIVED** BY 4:00 P.M. ON **July 16th**

At the Office of the Superintendent, Southern Local Schools

10 East Main Street, Salineville, Ohio 43945

**\*\*MUST BE FILLED OUT ENTIRELY TO BE CONSIDERED FOR OPEN ENROLLMENT\*\***

- Initial Request
- Renewal request (Student currently attending this building under approved Tuition or Open Enrollment)
- Former Southern Local student but moved out of the district

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(First) (Middle) (Last)

Parent/Guardian \_\_\_\_\_

Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

Phone: \_\_\_\_\_  
(Home) (Work) (Cell)

Grade Level for 2026/27 \_\_\_\_\_ District of Residence \_\_\_\_\_

Will any siblings apply for open enrollment or tuition in 2026/27? Yes or No  
Please list name, age and grade as of (next school year) \_\_\_\_\_

Is the address listed a change from last year? (If you were a Southern student) Yes or No

Was this student suspended or expelled during the second semester of 2025/26? Yes or No

This student is currently registered in their district of residence school? Yes or No

Does this student have an IEP for special education? Yes or No

**If Yes, check the special education class in which the student is currently enrolled:**

- Specific Learning Disability  Developmentally Handicapped  Multi-handicapped
- Severe Behavior Handicapped  Orthopedically Handicapped  Visually handicapped
- Hearing Handicapped

**Check** the special education service the student is currently receiving:

- Specific Learning Disability Tutoring  Speech Language Hearing Therapy
- Other services, please list: \_\_\_\_\_

The above information is true and accurate. False or inaccurate information will void this application. My signature further indicates that I have read the Open Enrollment Guidelines provided to me with this application.

\_\_\_\_\_  
Digital Signature of Parent/Guardian Date

If accepted to Southern Local under open enrollment, you will need to complete the following steps:

- 1) Complete electronic enrollment packet(s)
- 2) Contact the Transportation Department at 330-679-2343 ext. 4106 to inquire about bussing.
- 2) Register with you district of residence

Parent/Guardian Email Address: \_\_\_\_\_

OFFICE USE ONLY	
<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved
_____	_____
School Official Signature	Date