

**WHEELERSBURG LOCAL SCHOOLS  
INTERDISTRICT OPEN ENROLLMENT APPLICATION  
2021-2022**

Student Name: \_\_\_\_\_

Student SS#: \_\_\_\_\_ Student Birth Date \_\_\_\_\_

Parent(s)/Guardian Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

E-mail Address \_\_\_\_\_

Phone: \_\_\_\_\_ (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell)

School District of Residence: \_\_\_\_\_ School Building Presently Attending: \_\_\_\_\_

Grade Level of Student for the 2021-2022 School Year: [K] [1] [2] [3] [4] [5] [6] [7] [8] [9] [10] [11] [12]

Does the Student have an Individualized Education Plan? [yes] [no]

Has the Student ever been evaluated or referred for Special Education? [yes] [no]

Does the Student have a 504 Plan? [yes] [no]

Does the Student receive Federal Title I Program Tutorial Services? [yes] [no]

Has the Student been absent or tardy from school more than 10 days during this semester or the previous semester? [yes] [no]

Has the Student been suspended or expelled for 10 or more consecutive days during this or the previous semester? [yes] [no]

Has the Student scored "Basic" or "Limited" on any required state assessments? [yes] [no]

If yes to any of the above questions, please explain: \_\_\_\_\_

Please list school age siblings. \_\_\_\_\_

My signature indicates that I have read the stipulations of the open enrollment plan and agree to abide by the procedures and policies that have been established by the Wheelersburg Local School District. I further understand that falsification of any of the above information may result in voiding of this application. Upon approval of the application, I accept the transfer of my child to Wheelersburg Schools. If my child is not currently attending Wheelersburg, I will complete the enrollment process.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\*\*\*\*\*Important Information and Instructions\*\*\*\*\*

1. One form is to be completed for each child to be enrolled.
2. Returning Open Enrolled students (not new applicants) must return this form by March 31.
3. New applications for Interdistrict Open Enrollment must be submitted between April 1 and May 31. Applications received after this date may be approved by the local superintendent.
4. New applications will be acted upon during June. A notice will be mailed to parents from the superintendent indicating approval or denial.
5. All requests shall be returned to Wheelersburg Board of Education, 620 Center Street, P.O. Box 340, Wheelersburg, Ohio 45694.

\*\*\*\*\*For Office Use Only Below This Line\*\*\*\*\*

Received by: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Approved: [ ] Rejected: [ ] Reason(s): \_\_\_\_\_

Superintendent's Signature: \_\_\_\_\_