



Valley Local School District Inter-District Open Enrollment Application



2011-2012 School Year

This application for Open Enrollment at Valley Local Schools must be completed and returned to the office of the Superintendent. Parent/Guardian will be notified of decision.

Date of Application: _____ School District of Residence: _____

Student's Name: _____
Last First Middle (Nickname)

Grade Level of Student for 2011-2012 School Year: _____

Date of Birth (of student): _____

Parent/Guardian Name: _____

911 (physical) Address: _____

Mailing Address (if different): _____

Do you : Own Rent other (Please specify): _____

Telephone No.: _____
Home Cell Work

Is the above named student enrolled in any special education programs or has the student been evaluated for and/or referred for special education? _____

For grades 11 & 12, has the student passed all parts of the OGT? _____

If not, what subject areas need re-tested? _____

Has the student been suspended or expelled for ten (10), or more, consecutive days during this or the previous semester? No Yes, explain: _____

Signature of Parent/Guardian: _____

Reviewed by: Guidance Office/Principal _____



For Office Use Only: Approved Rejected Reason: _____

Superintendent's Signature: _____