

2019-2020 INTERDISTRICT OPEN ENROLLMENT APPLICATION  
 Valley Local School District • 1821 State Route 728 • Lucasville, Ohio 45648  
 740-259-3115 • 740-259-2314 (Fax)

This application must be completed and returned to the Superintendent's Office. Only one application per household is necessary. If new to the district, parent/guardian will be notified of decision.		
School District of Residence:	School District Attended 2018-2019:	
1. Student's Full Legal Name:		
Date of Birth:	Grade Level for 2019-2020:	
2. Student's Full Legal Name:		
Date of Birth:	Grade Level for 2019-2020:	
3. Student's Full Legal Name:		
Date of Birth:	Grade Level for 2019-2020:	
4. Student's Full Legal Name:		
Date of Birth:	Grade Level for 2019-2020:	
5. Student's Full Legal Name:		
Date of Birth:	Grade Level for 2019-2020:	
Custodial Parent(s)/Guardian(s):		
911 Physical Address:		
Mailing Address (If different than 911 address):		
Home Phone:	Cell:	Work:
Do you: <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other (Please specify):		
Are any of the students above enrolled in any special education programs or been evaluated for and/or referred for special education? <input type="checkbox"/> No <input type="checkbox"/> Yes, please list student(s) and explain:		
Have any of the students above been suspended or expelled in the last two years? <input type="checkbox"/> No <input type="checkbox"/> Yes, please list student(s) and explain:		
High School Only: Has student(s) passed graduation testing requirements? <input type="checkbox"/> No <input type="checkbox"/> Yes, If more than one student please list student who has not passed yet:		
<b>Parent/Guardian Signature:</b>		<b>Date:</b>
Reviewed by EMIS Coordinator:		
<input type="checkbox"/> Approved <input type="checkbox"/> Rejected		Reason Rejected:
Superintendent's Signature:		
Date Entered:	Date Withdrew/Moved:	