

BLANCHESTER LOCAL SCHOOL DISTRICT
BLANCHESTER, OHIO 45107

INTERDISTRICT OPEN ENROLLMENT APPLICATION
2024-2025

NAME _____ SS# _____

STUDENT BIRTH DATE _____ STUDENT CITY OF BIRTH _____

PARENT/GUARDIAN NAME _____ MOTHER'S MAIDEN NAME _____

ADDRESS _____

(Proof of residency required at time of application)

TELEPHONE NUMBER _____ (HOME) _____ (CELL/WORK)

PRESENT SCHOOL DISTRICT OF RESIDENCE _____

SCHOOL BUILDING PRESENTLY ATTENDING _____

GRADE LEVEL OF STUDENT IN 2024-2025 _____

IS STUDENT ENROLLED IN ANY SPECIAL EDUCATION OR TUTORIAL PROGRAMS? _____

IF YES, PLEASE EXPLAIN _____

IF STUDENT WILL BE IN GRADES 9-12, LIST ALL COURSES REQUESTED FOR 2024-2025

For high school students please attach a copy of all prior high school credits/transcripts to this application. (These will only be used to assist with scheduling high school classes.)

PARENT/GUARDIAN SIGNATURE

DATE

(FOR OFFICE USE ONLY)

RECEIVED BY _____ DATE _____ TIME _____

APPLICATION APPROVED _____ REJECTED _____

REASON(S) _____

SIGNATURE OF OFFICIAL _____ DATE _____

No student shall be denied admission to the Blanchester Local School District or to a particular course or instruction program or otherwise discriminated against for reason of race, color, national origin, sex, disability, or any other basis of unlawful discrimination.

NOTE Falsification of any of the above information may result in the voiding of this application.

CURRENT STUDENTS PLEASE RETURN TO BLANCHESTER BOARD OF EDUCATION BY MAY 17, 2024

NEW STUDENT APPLICATIONS - PLEASE RETURN TO BLANCHESTER BOARD OF EDUCATION BY JUNE 17, 2024