

INTERDISTRICT OPEN ENROLLMENT APPLICATION
For Transfer to
VANLUE LOCAL SCHOOL

Student's Name _____ Date of Birth _____

Parents/Guardians Names _____

Address (including city/zip): _____

Phone No. _____ Race _____

School year requested 20____-20____: Grade Level for next school year: _____

Are other children from the same family applying for open enrollment: Y N
(a form needs completed for each child)

District of Residence _____ School Attended _____

Is this student currently suspended or expelled from a school district? Y N

Does this student need any special services? Y N

What services? _____

Does this student have an Individualized Educational Plan? Y N

Reason for Transfer – We are conducting a survey to better serve our students. This will no way affect your application to transfer in/out of the district. Please check only one.

- | | |
|--|---|
| <input type="checkbox"/> Parent/s work in area | <input type="checkbox"/> Extracurricular, i.e. music, drama, sports |
| <input type="checkbox"/> Parent/s attended school | <input type="checkbox"/> Babysitter |
| <input type="checkbox"/> Educational opportunities, i.e. honor classes | <input type="checkbox"/> Other _____ |

How did you hear about Vanlue Local School? Please check all that apply.

- | | |
|---|---|
| <input type="checkbox"/> Billboard, radio, newspaper (circle one) | <input type="checkbox"/> Invitation by mail |
| <input type="checkbox"/> Referred by a friend _____ | <input type="checkbox"/> Other _____ |

Parent's/Guardian's signature approving release of this student's school records to Vanlue Local School.

Parent/Guardian Signature

Date

Please send completed application/s to:
Jodi Cole, Administrative Secretary
Vanlue Local School
301 S. East St., Vanlue, OH 45890
colej@vanlueschool.org
Phone: 419-387-7724

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(For office use only)

Application received by: _____ Date: _____

Approved by: _____ Date: _____

Denial by: _____ Date: _____

Reasons for Denial _____

Notification sent to parents: _____ To sending district: _____