

**LOGAN ELM LOCAL SCHOOLS  
INTRADISTRICT OPEN ENROLLMENT APPLICATION**

Application Date: \_\_\_\_\_

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

Name of current school attending: \_\_\_\_\_

Name of school you are applying to attend: \_\_\_\_\_

Grade level of student for upcoming school year: \_\_\_\_\_

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

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

Telephone (Home): \_\_\_\_\_

Telephone (Work/Cell): \_\_\_\_\_

**APPLICATION MUST BE RECEIVED BY THE SUPERINTENDENT NO LATER  
THAN MAY 8, 2020.**

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For Office Use Only

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

Circle One:                      Approved                      Denied

Reason(s) for denial:  
\_\_\_\_\_

Signature of School Official: \_\_\_\_\_ Date: \_\_\_\_\_

\* No student shall be denied admission to the Logan Elm Local School District or to a particular course or instructional program or otherwise discriminated against for reasons of race, color, national origin, sex, handicap, or any other basis of unlawful discrimination.