

**LUCAS LOCAL SCHOOLS**  
Interdistrict Open Enrollment Application

**JECBB-E**

Note: This application must be returned by **April 30<sup>th</sup>** to the Board of Education,  
Lucas Local Schools, 84 Lucas North Rd., Lucas, Ohio 44843 (419-892-2338).

Date: \_\_\_\_\_ Student SS #: \_\_\_\_\_ Student Date of Birth: \_\_\_\_\_  
(if a new student)

Student's Name: \_\_\_\_\_  
Last First Middle

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Phone: \_\_\_\_\_ Applying for Open Enrollment beginning \_\_\_\_\_ school year.

Present School District of Residence: \_\_\_\_\_

School building presently attending: \_\_\_\_\_

Grade level of student for the requested year: \_\_\_\_\_ Email: \_\_\_\_\_

Special education Program/IEP (if applicable): Yes \_\_\_\_\_ No \_\_\_\_\_

Has the applicant been suspended or expelled from school for ten or more consecutive days during the current or preceding term? Yes \_\_\_\_\_ No \_\_\_\_\_

ODE Requirement:  
Birth City/State: \_\_\_\_\_ Native Language: \_\_\_\_\_

Mothers Maiden Name: \_\_\_\_\_

Desired classes or vocational program for next year: (High School Student only)

\_\_\_\_\_  
\_\_\_\_\_

My signature certifies that I have read and understand the Interdistrict Open Enrollment Regulations and Guidelines. I represent that the answers given to all questions on this application are true and accurate to the best of my knowledge and I understand they are being relied on by the District in accepting this application. Any material misrepresentation or significant omission found in this application may result in denial of enrollment and/or immediate revocation of enrollment privileges.

Signature of Parent/Guardian: \_\_\_\_\_

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**(For Office Use Only)**

Received by: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_  
Approved \_\_\_\_\_ Not Approved \_\_\_\_\_

Reason: \_\_\_\_\_

Signature of Official: \_\_\_\_\_

Copy to District of Residence: \_\_\_\_\_