

**WEST HOLMES LOCAL SCHOOL DISTRICT
INTRADISTRICT OPEN ENROLLMENT APPLICATION
(Resident Transfer from one West Holmes Elementary to another West Holmes Elementary)**

Each student must have their own application

Date of Application _____ for School Year **2017-2018** Completing this school year? _____

Student's Current Building of Residence _____ Student's Grade Level at this time _____

Student's Current Building of Attendance _____

Student's Full Name _____

Parent/Guardian's Name _____

Parent/Student's Current Address _____

Parent's Home/Cell Phone Number _____ Student's Date of Birth _____

Building Choice for Next School Year: 1st _____ 2nd _____ 3rd _____

(Requests for specific teachers will not be acted upon.)

Transportation to the school of choice shall be the responsibility of the parent or guardian unless the student will be picked up and dropped off at a stop on the regular transportation schedule.

Does the student have an IEP for a Special Education Program? _____

If "Yes", what program? _____

Please summarize the reasons you are requesting this transfer:

Please return this application to your building's office or to the Superintendent's Office at:
West Holmes Local School District 28 West Jackson Street Millersburg, OH 44654-1397
Telephone 330-674-3546 Fax: 330-674-2242

This request form must be submitted annually and must be postmarked no earlier than April 1 and no later than April 30 for the upcoming school year. All applications are the decision of the Superintendent, after recommendation by the principal, if applicable.

I have read the stipulations of the Intra-district Open Enrollment Plan and agree to abide by the procedures and policies that have been established.

Parent's Signature Date

(For Office Use Only)
Received by _____ Date _____ Time _____
Principal's Recommendation _____ Approved by Superintendent/Designee _____
Rejected by _____
Reason(s) _____
