

**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 **2018-2019** 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: 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ 3<sup>rd</sup> \_\_\_\_\_

(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) \_\_\_\_\_  
\_\_\_\_\_