

**DALTON LOCAL SCHOOL DISTRICT
INTERDISTRICT OPEN ENROLLMENT APPLICATION
2019-2020 SCHOOL YEAR**

NEW APPLICATION _____ RENEWING APPLICATION _____

STUDENT'S FULL NAME _____
FIRST MIDDLE LAST

GENDER _____ RACE _____ GRADE LEVEL 2019-2020 _____ D.O.B. _____

BIRTHPLACE CITY _____ NATIVE LANGUAGE _____ HOME LANGUAGE _____

MOTHER'S MAIDEN NAME _____ STUDENT SS# _____

HOME ADDRESS _____
STREET ADDRESS CITY STATE ZIP

CURRENT DISTRICT OF RESIDENCE _____ COUNTY OF RESIDENCE _____

CURRENT DISTRICT OF ATTENDANCE _____

NAME OF PARENT(S)/GUARDIAN(S) _____

PHONE _____
HOME WORK

SPECIAL EDUCATION SERVICES _____

HAS STUDENT BEEN SUSPENDED OR EXPELLED WITHIN THE LAST YEAR? _____

*****APPLICATION MUST BE RECEIVED BETWEEN MARCH 1 AND MAY 1 *****

*****THIS APPLICATION FORM MUST BE SUBMITTED EACH YEAR *****

REQUESTS WILL BE ACTED UPON NOT LATER THAN JUNE 15. PARENTS MUST INDICATE ACCEPTANCE OF TRANSFER ON OR BEFORE JUNE 30.

PARENT/GUARDIAN SIGNATURE _____ APPLICATION DATE _____

FOR OFFICE USE ONLY

RECEIVED BY _____ DATE _____

APPROVED BY _____ DENIED BY _____

IF DENIED, REASON _____

**MAIL THIS FORM TO SUPERINTENDENT'S OFFICE, PO BOX 514, DALTON OH 44618 or
FAX THIS FORM TO 330-828-2801 or
E-MAIL THIS FORM TO knussbaum@daltonlocal.org**

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