

School Year 20__ -- 20__

Application Date _____

**GALLIA COUNTY LOCAL SCHOOLS
INTERDISTRICT OPEN ENROLLMENT APPLICATION**

****Important Note****

This application should only be used for a student living in ANOTHER SCHOOL DISTRICT wishing to ENTER Gallia County Local School District

Name of Student: _____ Date of Birth _____

School Requested: _____ Grade Level: _____

Name of parent(s)/guardian(s): _____
(A copy of current legal court documents must accompany)

Street Address: _____
Street Address

_____ City State Zip

Phone: (Home) _____ (Work) _____

School District of Residence: _____
(District other than Gallia County Local)

Has the student been suspended or expelled during this semester or the previous semester? Yes ___ No ___

Parent/Guardian Signature _____
(Guardian: Please attach copy of legal court order)

THE SUPERINTENDENT'S OFFICE MUST RECEIVE THIS APPLICATION APPROVED BY PRINCIPAL TO BE VALID

(For Office Use Only)

Received By: _____ Date Received: _____ Time: _____ a.m. /p.m.

Approved By _____ Rejected By* _____

*Reason(s) _____

No student shall be denied admission to the Gallia County Local Schools, 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.