

School Year 20 ____ -20 ____

Application Date _____

INTRA-DISTRICT OPEN ENROLLMENT APPLICATION

This form only to be used when transferring between
Buildings in the Gallia County School District

Name of Student _____

Name of Resident School _____

Name of School of Choice _____

Grade Level for upcoming school year _____

Name of parent(s)/guardian(s) _____

(A copy of any legal documents must accompany)

Address _____

Street Address

City _____ State _____ Zip Code _____

Phone _____

Home/cell

Work

**APPLICATION MUST BE RECEIVED BY THE PRINCIPAL OF THE SCHOOL
OF CHOICE NO LATER THAN MAY 1 OF THE CALENDAR YEAR**

(For Office Use Only)

Approved _____

Rejected _____

Principal's Recommendation _____

Date Received _____

Time Received _____