

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

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) \_\_\_\_\_