

LOWELLVILLE SCHOOL DISTRICT

OPEN ENROLLMENT

2024 - 2025 SCHOOL YEAR

- APPLICATIONS FOR THE **2024 – 2025** SCHOOL YEAR MAY BE PICKED UP BEGINNING MONDAY, FEBRUARY 26, 2024 FROM 7:00 A.M. UNTIL 3:00 P.M. IN THE MAIN OFFICE.
- AFTER FEBRUARY 26, 2024, APPLICATIONS CAN BE PICKED UP DURING REGULAR SCHOOL DAYS FROM 7:30 A.M. UNTIL 3:00 P.M.
- **APPLICATIONS ARE NOT TO BE PREPARED WHEN PICKED UP. NO APPLICATION WILL BE ACCEPTED ON FEBRUARY 26, 2024.** RETURN APPLICATIONS WITH ALL INFORMATION REQUESTED BY **APRIL 1, 2024.**
- ONE APPLICATION PER STUDENT IS REQUIRED.
- YOU WILL BE NOTIFIED BY MAIL OF ***ACCEPTANCE*** OR ***DENIAL*** BY THE FIRST WEEK OF MAY. **NO INFORMATION WILL BE GIVEN OVER THE PHONE.**
- OPEN TO THE STATE OF OHIO.

**LOWELLVILLE SCHOOL DISTRICT
INTERDISTRICT OPEN ENROLLMENT APPLICATION**

Name of Student _____ **Grade Level for the**
2024 - 2025 School Year _____

Mother _____
First Name Last Name

Father _____
First Name Last Name

Student _____ **Student resides with: Mom/Dad/Both/Other**
Address Street (circle one)

City Zip School Attending _____

Telephone _____ **School District**
Primary contact number of Residence _____

YES - NO

A. _____ Does parent or guardian work for the Lowellville Board of Education?

B. _____ Do grandparents or relatives reside in the Lowellville School District?

Name _____ (_____)
Relation to student

Address _____

C. _____ Does either parent work in the Lowellville Community?

Company _____

Address _____

D. _____ Is parent a graduate of Lowellville? If "yes" what year _____

I understand that I must **bring in copies (no copies will be made in the office)** of the following information by **April 1, 2024** in order for this application to be considered complete and receivable.

1. **BIRTH CERTIFICATE** _____
2. **IMMUNIZATION RECORDS** _____
3. **CUSTODY PAPERS (WHERE APPLICABLE)** _____
4. **SCHOOL RECORDS (CURRENT TRANSCRIPTS)** _____
5. **PROOF OF RESIDENCY (MORTGAGE DOCUMENTS/RENTAL AGREEMENT, TWO CURRENT UTILITY BILLS, AND DRIVER'S LICENSE)** _____

I UNDERSTAND THAT THE FALSIFICATION OF ANY OF THE ABOVE INFORMATION WILL VOID THE OPEN ENROLLMENT APPLICATION.

SIGNATURE-PARENT/GUARDIAN **DATE**

*** Office use only ***

Date complete packet received: _____ By: _____

Approved Y/N: _____ Lowellville School Official Signature: _____