

Lisbon Exempted Village School District
317 North Market Street, Lisbon, OH 44432

INTER DISTRICT OPEN ENROLLMENT APPLICATION

Open enrollment decisions are based on accurate information provided on this application. A change in the status of the student or any inaccurate information provided could disqualify the applicant. No student shall be denied admission to the Lisbon Exempted Village School District or discriminated against for reasons of race, color, national origin, sex and handicap or any other basis of unlawful discrimination. Students agreeing to attend Lisbon Schools must abide by all district conduct and attendance policies and procedures or forfeit Open Enrollment Status. **APPLICATION MUST BE RECEIVED BY THE SUPERINTENDENT NO LATER THAN THE SECOND FRIDAY OF MAY -**

Date: _____ Date Received; _____

STUDENT'S NAME: _____ M or F Birth Date: _____
Please print all information First / Last

Parent/Guardian's Name: _____

Address: _____ County of Residence: _____

City: _____ State: _____ Zip Code: _____

Primary Phone - Home Cell _____ Work Phone: _____

Resident School & District: _____

Current School & District: _____

Grade Level: _____ For the _____ School Year. Home Schooled Previous Year: _____

Is Student enrolled in any of the following programs? Special Education _____ LD _____ DH _____ Other
_____ Gifted _____ Columbiana County Career Center

The Lisbon Exempted Village School District has my permission to contact the last school attended by my child for any needed information. _____ Yes _____ No

Signature of Parent/Guardian: _____

******PROOF OF RESIDENCY MUST ACCOMPANY THIS FORM******
Open enrollment will not be approved without proof of residency!

Parent Notification

Date: _____

APPROVED

Building Assignment: _____

NOT APPROVED REASON:

Building enrollment exceeds established capacity

Program enrollment exceeds established capacity

Classroom enrollment exceeds established capacity

Request exceeds openings; Applicant is on a waiting list

Other _____

Signature of School Official: _____

Letter Sent _____

IF ADDITIONAL INFORMATION IS REQUIRED, PLEASE CONTACT THE SUPERINTENDENT - 330-424-7714.