

LORDSTOWN LOCAL SCHOOL DISTRICT
1824 Salt Springs Road
Warren, Ohio 44481
Phone: 330-824-2534

Open Enrollment Application 2026-27 School Year

Application for newly open-enrolled students' grades K-12

Must be returned by May 1, 2026 to Superintendent's office

The information in this application is for Open Enrollment only. If accepted, registration must be completed at the assigned building prior to the start of the school year. All approved open enrollment will be for one (1) year only.

Home/Resident School District: _____

Student's Name _____ Grade 2026-2027 Year: _____
Last First Middle

Address: _____
Street City Zip

Date of Birth: _____ Male _____ Female _____

Social Security Number: _____ Parent Phone: _____

Emergency Contact: _____

Is student receiving Special Education Services? No _____ Currently _____ Previously _____

Program: _____ (i.e. Gifted, Speech/Language, CD, SLD, MD, ED, etc.)

Is the student currently being tested for Special Education Services? Yes _____ No _____

Has student been suspended or expelled for ten (10) consecutive days during the 2025-2026 School Year?
Yes _____ No _____ If so, please indicate the dates of the suspension or expulsion _____

Student living with: Mother _____ Father _____ Both _____ Other _____

Do any custody or court papers apply? Yes _____ No _____ (If yes, please provide a copy)

Father: _____ Mother: _____

Legal Guardian (if different from Father/Mother above):

Has the student ever attended the Lordstown Local School District in the past? Yes _____ No _____

Does parent/guardian work for the Lordstown Board of Education: Yes _____ No _____

Are there siblings already attending Lordstown Local Schools through open enrollment: Yes _____ No _____

Please submit copies of the following documents **with the application at the time of submission**. **Failure to do so will result in the application not being considered:**

- Birth Certificate, Current Proof of Residency, Immunization Records, IEP/ETR or 504 Plan (if applicable), Social Security Card, Custody or Guardianship Papers (if applicable), School Records (transcripts/report card, test scores)

FAMILY INFORMATION

Father's Name _____

Address _____

Occupation _____

Work No. _____ Home No. _____

Marital Status _____ Email _____

Mother's Name _____

Address _____

Occupation _____

Work No. _____ Home No. _____

Marital Status _____ Email _____

Legal Guardian's Name (if different from above) _____

Address _____

Occupation _____

Work No. _____ Home No. _____

Marital Status _____ Email _____

***All correspondence regarding this student will be mailed to the custodial parent/guardian at their above address. If the father and mother do not reside together, please specify the custodial parent/guardian below.

Signature of Parent/Guardian

Date

FOR OFFICE USE ONLY:

Received by _____

Date ____/____/____

No student shall be denied admission to the Lordstown Local School District, or to a particular course or instructional program, or otherwise discriminated against for reasons of race, color, national origin, sex, disability or any other basis of unlawful discrimination.