INTER-DISTRICT OPEN ENROLLMENT APPLICATION
Please Return To:
Indian Valley Local Schools
100 N. Walnut Street, PO Box 171
Gnadenhutten, OH 44629

For Office Use
_____
Date & Time Received

Date_____ Open Enrollment Application: Renewal_____New_____

Name of Student_____

Parent/Guardian's Name_____ Phone_____

Address_____ City_____Zip_____

School District **Attending Now**_____ School District **You Live In**_____

Reason for applying to Indian Valley_____

_____

Applying to enter grade_____ for the **2026-2027** school year. (Preferred building K-5: ___MV___ PW)

List sibling's names and grade _____

Currently enrolled in any special programs? Yes / No SLD____ ID____ Speech ____ Other _____

List any special needs or programs required for applicant: _____

Has applicant ever been suspended or expelled from school? Yes_____ No_____

If Yes, please give brief explanation:_____

_____

(High School Only) Number of credits earned by the end of the 2025-2026 school year: _____

Have you participated in College Credit Plus courses? Yes_____ No_____
If so, what College _____
Have you taken Summer CCP courses? Yes_____ No_____

(Kindergarten Students Only) Do you plan to continue your child's education at I.V.? Yes / No

I attest that all information on this application is accurate, and I authorize the application for the student listed above: _____(Parent/Guardian Signature)

Note: Any student that does not comply with the rules, regulations and procedures of Indian Valley Local Schools will be denied or have their open enrollment revoked.

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Office Use Only:
Principal's recommendation: Y N Principal's Initials: _____

Approved_____ Rejected_____ Supt. Signature_____

Reason for rejection_____