

Lowellville School District
Interdistrict Open Enrollment Application
2026-2027 School Year



Applications can be picked up during regular school days from 7:30 A.M. until 3:00 P.M. 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 residents of the State of Ohio.

REQUIRED DOCUMENTS (copies only – no copies will be made in the office):

1. Birth Certificate
2. Immunization Records
3. Custody Papers (if applicable)
4. Current School Records (transcripts, report card, etc.)
5. Proof of Residency: Mortgage/rental agreement, **two** current utility bills, and driver's license

STUDENT INFORMATION

Student Name (First, Last): _____ Grade Level for 2026-2027 _____

Date of Birth: _____ Gender: _____ Student resides with: (circle one) Mom / Dad / Both / Other

- School Currently Attending: _____
- District of Residence: _____

PARENT/GUARDIAN INFORMATION

Mother/Guardian Name: _____

Father/Guardian Name: _____

Primary Contact Phone Number: _____

Student Address: _____ City: _____ Zip Code _____

RESIDENCY & CONNECTIONS TO THE DISTRICT

Does the parent or guardian work for the Lowellville Board of Education? Yes No

Do grandparents or relatives reside in the Lowellville School District? Yes No

- If yes: Name _____ Relation _____
Address: _____

Does either parent/guardian work in the Lowellville community? Yes No

- Company: _____ Address: _____

Is the parent/guardian a graduate of Lowellville? Yes No

- If yes, what year? _____

MILITARY-CONNECTED FAMILY SURVEY

Does the student have a parent or guardian who is currently serving or has ever served in the United States military?

Yes No

If yes, please check all that apply:

- Active Duty – U.S. Armed Forces
- National Guard or Reserves
- Veteran (Previously served)
- Deployed during the current school year

(Optional) Branch of Service: _____

This information is collected to ensure appropriate supports are available and to meet state reporting requirements. It does not affect enrollment status.

SPECIAL SERVICES (Required)

Please check all that apply to the student:

- The student currently has an IEP (Individualized Education Plan)
- The student currently has a 504 Plan
- The student receives Gifted Services
- The student receives English Learner Services (EL)
- None of the above apply

STUDENT INFORMATION (Required)

Did the student receive high school credit for any coursework completed in 8th grade?

Yes No

If yes, please list the course(s) and provide documentation if available:

DISCIPLINE HISTORY (Required)

Has the student ever been suspended from school? Yes No

- If yes, explain (include dates and reasons): _____

Has the student ever been expelled from school? Yes No

- If yes, explain (include dates and reasons): _____

PARENT/GUARDIAN ACKNOWLEDGEMENT

(Please initial each item)

_____ I understand that I am responsible for transporting my child to and from school if accepted under open enrollment

_____ I understand that enrollment may be **revoked** and my child may be required to return to their **district of residence** for reasons including, but not limited to:

- Poor attendance or tardiness
- Repeated or serious violations of the student code of conduct, including a ten-day suspension or expulsion
- Falsification of information provided on this application

_____ I acknowledge that continued enrollment is subject to space availability, program capacity, and compliance with Lowellville School District policies.

_____ I agree to support my child's success by maintaining open communication with the school and ensuring my child follows all school rules and expectations.

Signature of Parent/Guardian: _____ **Date:** _____

FOR OFFICE USE ONLY

Date complete packet received: _____

Received by: _____

Approved: Yes No

Lowellville School Official Signature: _____ Date: _____