

INTRA-DISTRICT OPEN ENROLLMENT APPLICATION
TRANSFER WITHIN THE DISTRICT

Please Return To:
Indian Valley Local Schools
100 N. Walnut Street
P.O. Box 171
Gnadenhutten, OH 44629

For Office Use

Date Received

Date: _____

Name of Student _____

Parent/Guardian's Name _____

Address _____ City _____ Zip _____

Phone _____ Current Grade Level _____ Grade Level Next Year _____

School **Attending Now** _____ School **Requesting** _____

Currently enrolled in any special programs? Yes / No SLD _____ CD _____
Other _____

Eligible for Free or Reduced Lunch Program? Yes No

Has applicant ever been suspended or expelled from school? Yes _____ No _____

If Yes, please give brief explanation: _____

Reason for applying to other school: _____

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

Office Use Only:

Principal's recommendation: Y N Principal's Initials _____

Approved _____ Rejected _____

Supt. Signature _____

Reason for rejection _____