

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

Open Enrollment Application:

Renewal _____ New _____

Date _____

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 **2021-2022** 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 2020-2021 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.

Office Use Only:

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

Approved _____ Rejected _____ Supt. Signature _____

Reason for rejection _____

INTRA-DISTRICT OPEN ENROLLMENT APPLICATION
TRANSFER WITHIN THE DISTRICT

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P.O. Box 171
Gnadenhutten, OH 44629

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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 _____