

School Year 20__ 20__ Application Date _____

**GALLIA COUNTY LOCAL SCHOOLS
INTERDISTRICT OPEN ENROLLMENT
APPLICATION**

This application should be used only when ANOTHER school district resident student wishes to ENTER Gallia County Local School District
(Please submit on mint green paper)

Name of Student _____ Birthdate _____

Sex Male ___ Female ___ Ethnic Background _____

School Requested _____

Grade level for upcoming school year _____

Name of Parent (s)/guardian(s) _____
(A copy of any legal documents must accompany)

Address _____
Street Address and/or P O Box

_____ City State Zip Code

District of Residence _____
(other than Gallia County Schools)

Building/District presently attending _____

If enrolling for special high school courses or special education courses, list desired classes:

Has the student been suspended or expelled during this semester or the previous semester? yes _____ no _____

Parent/Guardian Signature _____

APPLICATION MUST BE RECEIVED BY THE SUPERINTENDENT'S OFFICE NO LATER THAN MAY 1 OF THE CALENDAR YEAR.

(For Office Use Only) **Interdistrict Enrollment Application**

Received By _____ Date and Time Received _____

Approved _____ Rejected _____

Reason(s) _____

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