

School Year 20__ - 20__

Application Date _____

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

****Important Note****

This application should only be used for a student living in ANOTHER SCHOOL DISTRICT wishing to ENTER Gallia County Local School District

Name of Student: _____ Date of Birth _____

Male _____ Female _____ Ethnic Background: _____ SS# _____

School Requested: _____ Grade Level: _____

Name of parent(s)/guardian(s): _____
(Guardian: Please attach copy of legal court order)

Street Address: _____
Street Address and/or P O Box

City State Zip

Phone: (Home) _____ (Work) _____

School District of Residence: _____
(District other than Gallia County Local)

School building presently attending: _____

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

Has the student been suspended or expelled during this semester or the previous semester? Yes ___ No ___

Parent/Guardian Signature _____
(Guardian: Please attach copy of legal court order)

**THE SUPERINTENDENT'S OFFICE MUST RECEIVE THIS APPLICATION NO LATER THAN MAY 1 OF THE CALENDAR YEAR.
THIS FORM IS FOR THE 2007-2008 SCHOOL YEAR ONLY.**

(For Office Use Only)

Received By: _____ Date Received: _____ Time: _____ a.m. /p.m.

Approved By _____ Rejected By* _____

*Reason(s) _____