

School Year 20__ - 20__

Application Date _____

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

**This form only to be used when transferring between
buildings within the Gallia County School District
(Please submit on goldenrod paper)**

Name of Student _____

Name of Resident School _____

Name of School of Choice _____

Grade level for upcoming school year _____

Name of parent(s)/*guardian(s) _____

* (A copy of any legal documents must accompany)

Address _____

Street address

City

State

Zip code

Phone _____

Home

Work

**APPLICATION MUST BE RECEIVED BY THE PRINCIPAL OF THE SCHOOL
OF CHOICE NO LATER THAN MARCH 30 OF THE CALENDAR YEAR**

(For Office Use Only)

Approved _____

Rejected _____

Principal's Recommendation _____

Date Received _____ Time Received _____

Principal's Signature _____

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.