

School Year 20__ - 20__

Application Date _____

Intra-district OPEN ENROLLMENT APPLICATION

This form only to be used when transferring between
Buildings in 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.