

LOWELLVILLE SCHOOL DISTRICT

OPEN ENROLLMENT

2021-2022 SCHOOL YEAR

- APPLICATIONS FOR THE 2021-2022 SCHOOL YEAR MAY BE PICKED UP BEGINNING MONDAY, MARCH 1, 2021 FROM 7:00 A.M. UNTIL 3:00 P.M. IN THE MAIN OFFICE.
- AFTER MARCH 1, 2021, APPLICATIONS CAN BE PICKED UP DURING REGULAR SCHOOL DAYS FROM 7:30 A.M. UNTIL 3:00 P.M.
- **APPLICATIONS ARE NOT TO BE PREPARED WHEN PICKED UP.**
NO APPLICATION WILL BE ACCEPTED ON MARCH 1, 2021.
RETURN APPLICATIONS WITH ALL INFORMATION REQUESTED BY **APRIL 2, 2021.**
- ONE APPLICATION PER STUDENT IS REQUIRED.
- YOU WILL BE NOTIFIED BY MAIL OF **ACCEPTANCE** OR **DENIAL** BY THE FIRST WEEK OF MAY. **NO INFORMATION WILL BE GIVEN OVER THE PHONE.**
- OPEN TO THE STATE OF OHIO.

**LOWELLVILLE SCHOOL DISTRICT
INTERDISTRICT OPEN ENROLLMENT APPLICATION**

Name of Student _____ Grade Level for the
2021 - 2022 School Year _____

Mother _____
First Name _____ Last Name _____

Father _____
First Name _____ Last Name _____

Student Address _____ Street _____
Student resides with: Mom/Dad/Both/Other
(circle one)

City _____ Zip _____
School Attending _____
School District of Residence _____

Telephone _____
Primary contact number _____

YES - NO

A. _____ Does parent or guardian work for the Lowellville Board of Education?

B. _____ Do grandparents or relatives reside in the Lowellville School District?

Name _____ (_____)
Relation to student

Address _____

C. _____ Does either parent work in the Lowellville Community?

Company _____

Address _____

D. _____ Is parent a graduate of Lowellville? If "yes" what year _____

I understand that I must **bring in copies (no copies will be made in the office)** of the following information by **April 2, 2021** in order for this application to be considered complete and receivable.

- 1. BIRTH CERTIFICATE _____
- 2. IMMUNIZATION RECORDS _____
- 3. CUSTODY PAPERS (WHERE APPLICABLE) _____
- 4. SCHOOL RECORDS (CURRENT TRANSCRIPTS) _____
- 5. PROOF OF RESIDENCY (MORTGAGE DOCUMENTS/RENTAL AGREEMENT, TWO CURRENT UTILITY BILLS, AND DRIVER'S LICENSE) _____

I UNDERSTAND THAT THE FALSIFICATION OF ANY OF THE ABOVE INFORMATION WILL VOID THE OPEN ENROLLMENT APPLICATION.

SIGNATURE-PARENT/GUARDIAN DATE

*** Office use only ***

Date complete packet received: _____ By: _____

Approved Y/N: _____ Lowellville School Official Signature: _____