

# **LOWELLVILLE SCHOOL DISTRICT**

## **OPEN ENROLLMENT**

### **2023 – 2024 SCHOOL YEAR**

- APPLICATIONS FOR THE **2023 - 2024** SCHOOL YEAR MAY BE PICKED UP BEGINNING MONDAY, FEBRUARY 27, 2023 FROM 7:00 A.M. UNTIL 3:00 P.M. IN THE MAIN OFFICE.
- AFTER FEBRUARY 27, 2023, 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 FEBRUARY 27, 2023.**  
RETURN APPLICATIONS WITH ALL INFORMATION REQUESTED BY **APRIL 3, 2023.**
- 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  
2023 - 2024 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 \_\_\_\_\_

Telephone \_\_\_\_\_ School District of Residence \_\_\_\_\_  
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 \_\_\_\_\_ ( \_\_\_\_\_ )  
Address \_\_\_\_\_ Relation to student

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 3, 2023** 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: \_\_\_\_\_