

**LOWELLVILLE SCHOOL DISTRICT
INTERDISTRICT OPEN ENROLLMENT APPLICATION**

Name of Student _____ Grade Level for the
2022 - 2023 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 _____
Primary contact number _____
School District of Residence _____

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 1, 2022** 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: _____