

**WAYNESFIELD-GOSHEN LOCAL SCHOOL
INTERDISTRICT OPEN ENROLLMENT APPLICATION**

This application must be returned to the Waynesfield-Goshen District Board Office located at 500 North Westminster Street, Waynesfield, Ohio 45896.

Date: _____ Student Social Security # _____ Birthdate: _____

Student's Full Legal Name: _____

Name of Legal Parent or Guardian: _____

Mother's Maiden Name: _____

Address: _____ P.O. Box _____

Home Phone: _____ Business Phone: _____

Legal School District of Residence: _____

Current School District Attended: _____

Name of School District Requested: _____

Grade level of student for upcoming school year: _____

Student currently enrolled in: Special Education _____, DH _____, LD _____

Gifted _____, College Prep _____, Vocational _____, Other _____

If requesting specific courses, special classes, or special services, please list: _____

APPLICATION MUST BE RECEIVED NO LATER THAN 3:00 P.M. ON *JUNE 1*, AT THE WAYNESFIELD-GOSHEN BOARD OF EDUCATION OFFICES, 500 NORTH WESTMINSTER ST., WAYNESFIELD, OHIO 45896.

REQUEST WILL BE ACTED UPON AND PARENTS, APPLICANTS, AND RESIDENT SCHOOL DISTRICT NOTIFIED, ON OR BEFORE *JUNE 30*.

PARENTS OR GUARDIANS MUST INDICATE ACCEPTANCE OF TRANSFER TO RECEIVING SCHOOL DISTRICT ON OR BEFORE *JULY 15*.

(for office use only)

Received by: Name _____ Title _____

Date: _____ Time _____

Application Approved: _____ Application Rejected: _____

Determining Factors: _____

Signature of School Official: _____