# SHAWNEE LOCAL SCHOOLS
## Open Enrollment Inter-district Application
### 2016 - 2017 School Year
***Deadline: May 27, 2016***

One application must be submitted **each year** for **each student** requesting an inter-district transfer.
Students accepted for inter-district enrollment **must enroll in their resident district.**

**All NEW (not current students attending Shawnee) student applications must be submitted with the latest report card and 2 proofs of residency (utility bill and tax statement or rental agreement) in order to be considered for approval.**

Student's Name _____ Student's S.S. #_____
First Middle Last

Student's Birth date_____ **Student's 2016-17 Grade Level** _____

Address_____ City_____ Zip _____

Home Phone _____ Cellular phone number _____ Work Phone _____

Email Address _____ _____

Custodial Parent/Legal Guardians _____

| Other family members applying for open enrollment | **Grade for 2016-17** |
|---|---|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

***Separate applications must be completed for each child***

**Student's Current District of Residence** _____
All new students must provide proof of residency with application.

**Is student enrolled in any special education or specialized programs**? _____

Is the student currently enrolled at Shawnee as an open enrollment student? YES_____ NO _____

My/our signature(s) indicate(s) awareness that completion of this application does **NOT** provide any permission to change district attendance. It is merely a request to do so. I /we further understand that notice of approval or denial will be received no later than August 19, 2016.

My/our signature(s) indicate(s) that administrators of our district and the district where attendance is desired may exchange any and all information and records relative to my/our child.

Signature(s)

_____

_____ Date_____

**Submit application by May 27, 2016 to:**
**Teresa DeCurtins, Superintendent's Office, 3255 Zurmehly Road, Lima, Ohio 45806**

**(for office use only)**

Application Approved _____ Application Denied_____

Date_____ Time_____ School Official's Signature _____

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