

New Applicant   
Renewal

**OPEN ENROLLMENT PROGRAM**  
Interdistrict Enrollment Application  
APPLICATION DEADLINE: **April 24, 2020**

One application per child **must be submitted each year** requesting inter-district transfer.  
Students accepted for inter-district enrollment **must be enrolled in their resident district** as well.

Student Name: \_\_\_\_\_ Male   
Female

Date of Birth: \_\_\_\_\_ Mother's Maiden Name: \_\_\_\_\_

Custodial Parent/Legal Guardian: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

District Currently Attending: \_\_\_\_\_

District of Residence: \_\_\_\_\_

Requested District of Attendance: Spencerville Local School District (IRN: 045807)

Student's grade level for **2020-2021 school year**: \_\_\_\_\_

For scheduling purposes, is this student enrolled in special education or tutorial programs? Yes  No

If yes, please explain: \_\_\_\_\_

Has this student been suspended or expelled for ten (10) consecutive days during the current or preceding school term?  
Yes  No

If yes, please explain: \_\_\_\_\_

Other family members seeking change of school district:

Name	Grade Level in 20-21
_____	_____
_____	_____
_____	_____

My/our signature(s) indicate(s) awareness that completion of this application does NOT provide any permission to change district of 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 the end of July for the upcoming year.

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.

Parent /Guardian Signature(s) \_\_\_\_\_ Date \_\_\_\_\_

**OFFICE USE ONLY**

Received by: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Approved / Denied (Circle One) \_\_\_\_\_ Date: \_\_\_\_\_ Name: \_\_\_\_\_

Reason(s): \_\_\_\_\_