GRAHAM LOCAL SCHOOLS

7790 West US Highway 36
Saint Paris, OH 43072-9496
Phone: (937) 663-4123 Fax: (937) 663-4670

INTER-DISTRICT OPEN ENROLLMENT APPLICATION – 2017-18

The transfer of a student into the Graham Local Schools from his/her district of residence shall be accomplished in accordance with the Graham District's Inter-district Open-Enrollment Policies and Guidelines, which are attached for your review. If you have any questions regarding them, please contact the Superintendent's office for clarification. Complete the following application form, sign indicating your awareness and understanding of the policies and guidelines, and return to the Graham Schools' Superintendent's office by April 30, 2017. Applications will not be accepted after August 25, 2017, unless extenuating circumstances exist. A decision will be made regarding this application, and you will be notified of that decision by mail.

PLEASE USE BLACK INK

Student's Full Legal Name: _____ Date of Birth: _____
First Middle Last Month Day Year

Student's Social Security Number: _____ Birth Place City _____

The following information is required by the United States Department of Education:

Is the student of Hispanic/Latino origin? ☐Yes ☐No. At least one race must be chosen: ☐White ☐Black or African American ☐American Indian or Alaskan native ☐Asian ☐Native Hawaiian or Other Pacific Islander

(NOTE: If ethnicity is not provided, district will use observer identification per state and federal regulations)

Native Language: ☐English ☐Spanish ☐Japanese ☐Other: _____ ☐Male ☐Female

Name of School District of Legal Residence: _____ Grade Level: **2017-18** _____

Address: _____
House # Street/Road Name PO Box # City Zip

Is the student currently, or has the student been, suspended/expelled from school during the current or previous school term (semester)? ☐Yes ☐No If yes, explain _____

*Is student enrolled in a special education program? ☐Yes ☐No If yes, explain: _____

If Only For Specific High School Courses, List Classes: _____

Parent/Guardian Name(s): _____ Telephone: (____)_____-_____

Mother's Maiden Name: _____

Check the box that explains your situation: ☐Last year open enrollment student ☐Sibling of last year open enrollment student ☐New Applicant ☐Former Graham resident student ☐Current Graham student, moving out of Graham School District

Effective date of move: _____

By signing this application, I am requesting that my child be considered for Inter-district Open-Enrollment in the Graham Schools for the **2017-2018** school year/term. **I HAVE READ AND UNDERSTAND THE POLICIES AND GUIDELINES WHICH GOVERN THE PROGRAM, including the need to provide transportation to the school or to a District bus stop on the established District routes to the school. Providing inaccurate information on this application will void consideration of your request.**

_____ _____
Legal Parent/Guardian Signature Date

FOR OFFICE USE ONLY. DO NOT WRITE IN THIS AREA:

_____ _____
Date Application Received Time Application Received ☐Approved ☐Denied

Reason (if denied): _____ **Effective Date for OE** _____

_____ _____ _____ _____
School Building Assigned to Attend Date Notice to Parent Date Notice to Resident Dist. Supt. Date Notice to Bldg.

_____ _____
Superintendent's Signature Assigned SSID#

*No student shall be denied admission to the Graham Local School District or to a particular course or instructional program or otherwise discriminated against for reasons of race, color, national origin, sex, handicap, or any other basis of unlawful discrimination. However, the district has the right to set classroom capacity limits by grade level, school building, and/or educational program limits, including special education.