

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 – 2020-2021

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 can be found at www.grahamlocalschools.org/FormsandDocuments.aspx. 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, 2020. Applications will not be accepted after August 1, 2020, 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: _____ Male Female
First Middle Last

Date of Birth: _____ Birth Place City _____ Grade Level: **2020-2021** _____
Month Day Year

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

Name of School District of Legal Residence: _____

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

Is the student of Hispanic/Latino origin? Yes or 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: _____

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: _____ Parent Email _____

Check the box that explains your situation: Last year open enrollment student New Applicant Former Graham 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 2020-2021 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.