

Current: Yellow

New: Green

SHADYSIDE LOCAL SCHOOL DISTRICT SY 2010/2011 OPEN ENROLLMENT REQUESTS

FOR SCHOOL USE ONLY:
Effective Date of OE _____
() On Oct. ADM as Native Student
() Not on Oct. ADM

SSID# _____ DATE: _____
(Not Social Security Number-For office use only)

INTERDISTRICT OPEN ENROLLMENT APPLICATION REQUEST FOR ATTENDANCE

NOTE: This application must be completed in its entirety to be valid.

NAME OF STUDENT: _____
(Last) (First) (Middle)

SOCIAL SECURITY #: _____ MALE FEMALE

RACE (Needed for racial balance purposes only): _____ DATE OF BIRTH: _____

PLACE OF BIRTH (CITY/STATE): _____

PARENT/GUARDIAN NAME: _____

MOTHER'S MAIDEN NAME: _____

ADDRESS: _____

TELEPHONE #: _____

GRADE LEVEL OF STUDENT FOR SCHOOL YEAR 2010/2011: _____

NAME OF SCHOOL DISTRICT OF RESIDENCE:	() BARNESVILLE	() BELLAIRE
(Where Parent/Guardian resides – check one)	() BRIDGEPORT	() BUCKEYE LOCAL
	() MARTINS FERRY	() ST. CLAIRSVILLE
	() SWITZ. OF OHIO	() UNION LOCAL
	() OTHER _____	

CURRENT SCHOOL BUILDING OF ATTENDANCE: _____

ADDRESS: _____

TELEPHONE #: _____

IF HANDICAPPED CONDITION AND/OR CHILD HAS AN IEP, LIST HANDICAP(S):

NUMBER OF DAYS EXPELLED AND/OR SUSPENDED FOR SY 2009/2010: _____

REASON FOR OPEN ENROLLMENT REQUEST: _____

ATHLETIC ELIGIBILITY: Effective August 1, 2001, if a student transfers after the first day of the student's 9th grade year, the student will be ineligible for one year.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

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APPLICATIONS MUST BE RECEIVED NO LATER THAN:

MARCH 26, 2010 FOR CURRENT OPEN ENROLLMENT STUDENTS

MARCH 31, 2010 FOR NEW OPEN ENROLLMENT STUDENTS

REQUESTS WILL BE ACTED UPON NO LATER THAN APRIL 16, 2010



(FOR OFFICE USE ONLY)

Received by: _____
Name Title

Date: _____ Time: _____

Approved by: _____ Date: _____
Principal

Approved by: _____ Date: _____
Superintendent

Reason(s) for rejection: _____

No student shall be denied admission to a particular course or instructional programs, or other wise be discriminated against for reasons of race, color, national origin, sex, handicap, or any other basis of unlawful discrimination.

pc: School District of Residence:

- Barnesville Bellaire Bridgeport Buckeye Local
- Martins Ferry St. Clairsville Switzerland Union Local
- Other _____

cc: Building Principal
Parent w/letter
Original: Supt. Office

Added to OE Report, distributed to Buildings, mailed/faxed to District of Residence:

Date