



## OPEN ENROLLMENT APPLICATION

Please complete a separate application for each child you wish to attend via Open Enrollment.

Date: \_\_\_\_\_ Grade Level for 2021-22 School Year: \_\_\_\_\_

Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent Email Address: \_\_\_\_\_

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

School District of Legal Residence: \_\_\_\_\_

Special Education Classes/Services Required YES NO List any special education needs: \_\_\_\_\_

Has the student been expelled or suspended from school? YES NO If yes, please state reasons: \_\_\_\_\_

Why do you want your child to attend Preble Shawnee Schools? \_\_\_\_\_

*I certify that all information contained in this application is true and complete, and I understand that the falsification of any of the above information will void this application and/or the enrollment of my child in the Preble Shawnee School District.*

Parent/Guardian Signature: \_\_\_\_\_

\*Applications must be received in the Superintendent's Office, 5495 Somers Gratis Road, Camden, Ohio 45311 between April 15<sup>th</sup> and May 31<sup>st</sup>. Once approved, parent/guardian must register with Central Enrollment. Please call 937-452-1204 ext. 2013 to schedule an appointment.

----- OFFICE USE ONLY -----

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

Approved/Rejected by: \_\_\_\_\_ Date: \_\_\_\_\_

If Rejected, reason(s): \_\_\_\_\_

If Approved, effective date other than first day of school: \_\_\_\_\_