

2020-2021

Plymouth-Shiloh Local School District
APPLICATION FOR INTERDISTRICT OPEN ENROLLMENT

INSTRUCTIONS: The parent is to complete this application for each child affected and submit it to the office of the Superintendent of the Plymouth-Shiloh Board of Education at 365 Sandusky St, Plymouth, OH 44865. Office hours are 8:00 a.m. to 4:00 p.m., Monday through Friday, holidays excepted.

Applications are due May 1, 2020.

Student Name: LAST FIRST MIDDLE

Date of Birth: Present School:

Residing School District: Present Grade Level:

Anticipated Grade Level for Next Year:

Parents/Guardians living in the home:

Name(s) Relationship Address Work Phone Home Phone

Is this student now enrolled in any special education services? YES NO
Was this student ever enrolled in special education services? YES NO

Please identify the special education services currently being provided or having been received in the past:

Learning Disability Class Developmental Disability Class
Multiple Disability Class Severe Behavior Disability Class
Speech Therapy Other (Health, Hearing, Visual, etc.) (Please specify)

Was this student involved in disciplinary action during the current or immediate past school term that resulted in a ten consecutive day suspension or expulsion from school? YES NO

By signing this application, I hereby attest that all the information above is completely accurate. The submission of this application indicates my desire to have my child attend Plymouth Shiloh Schools for the next school year. I understand that completing this form does not guarantee acceptance. You will be notified after our review process is completed.

Parent/Guardian Signature Date

This space for office use only:
Comments:

APPROVED: REJECTED:
OFFICIAL SIGNATURE: DATE:
NOTIFICATION SENT: DATE: