2021-2022

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. **Please return before**May 31, 2021

Student Name:		
LAST	FIRST	MIDDLE
Date of Birth:	Present School:	
Residing School District:	Grade Level (21/22):	
Parents/Guardians living in the hom	e:	
Name(s)	Relationship	
Address		
Work Phone		
Is this student now enrolled in any spec Was this student ever enrolled in specia		
Please identify the special education ser past:	vices currently being provi	ided or having been received in the
Learning Disability Class Dev Multiple Disability Class Sev Speech TherapyOth	vere Behavior Disability Clas	ss
Was this student involved in disciple term that resulted in a ten consecutive YES NO	inary action during the c ve day suspension or exp	urrent or immediate past school oulsion from school?
By signing this application, I hereby attest submission of this application indicates m school year. I understand that completing our review process is completed.	y desire to have my child att	end Plymouth Shiloh Schools for the next
Parent/Guardian Signature	Date	
APPROVED: RE OFFICIAL SIGNATURE: NOTIFICATION SENT:	JECTED: DATE:	
NOTIFICATION SENT:	DATE.	