## 2023-2024

## 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, 2023.** 

Student Name:				
LAST	FIRST	M	IDDLE	
Date of Birth:	Present School:			
Residing School District:  Date Student Moved to Current Address	Grade Level (22/23)	):		
Parents/Guardians living in the ho	ome:			
Name(s)	Relationshi	p		
Address	Home Phon	Home Phone		
Is this student now enrolled in any sp Was this student ever enrolled in spec	ecial education services? cial education services?	YES VES	NO	
Learning Disability ClassIMultiple Disability ClassSSpeech TherapyC  Was this student involved in disciplinar resulted in a ten consecutive day susperYESNO	Severe Behavior Disability Class Other (Health, Hearing, Visual, et	c.) (Please sp	• .	
Revocation Enrollment of an inter-district transfer studer violations of the student code of conduct. Possbences in a school year. Enrollment of an parent/guardian failed to disclose or falsified By signing this application, I hereby att submission of this application indicates school year. I understand that completing our review process is completed.	oor attendance is defined as twelve inter-district student may be revoked information on the inter-district/operest that all the information above my desire to have my child attention.	(12) unexcused if it is determinent en enrollment et is complete and Plymouth	ed tardies to school and/or mined that the student or the application.  ly accurate. The Shiloh Schools for the next	
Parent/Guardian Signature		Date		
APPROVED:	REJECTED:			
OFFICIAL SIGNATURE:NOTIFICATION SENT:	DATE: DATE:			