2024-2025

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, 2024.**

Student Name:		
LAST	FIRST	MIDDLE
Date of Birth:	Present School:	
Residing School District: Date Student Moved to Current Address	Grade Level (202 :	24-2025):
Parents/Guardians living in the hor	me:	
Name(s)	Relationship	
Address Work Phone	Home Phone	
Is this student now enrolled in any spe Was this student ever enrolled in spec Please identify the special education s		
past:		
Learning Disability ClassD Multiple Disability ClassS Speech TherapyO	evere Behavior Disability Cla	ISS
Was this student involved in disciplinary resulted in a ten consecutive day suspen	y action during the current or sion or expulsion from school	immediate past school term that ?
Revocation Enrollment of an inter-district transfer student violations of the student code of conduct. Por absences in a school year. Enrollment of an parent/guardian failed to disclose or falsified	or attendance is defined as twelv inter-district student may be revo	ve (12) unexcused tardies to school and/or oked if it is determined that the student or the
By signing this application, I hereby atte submission of this application indicates school year. I understand that completin our review process is completed.	my desire to have my child at	tend Plymouth Shiloh Schools for the nex
Parent/Guardian Signature		Date
APPROVED: R	EJECTED:	
OFFICIAL SIGNATURE:	DATE:	

NOTIFICATION SENT:

DATE: