SOUTHEAST LOCAL SCHOOL DISTRICT INTERDISTRICT OPEN ENROLLMENT APPLICATION 2023-2024 SCHOOL YEAR

Starting Date					
Student's Full Name:					
	First	м	iddle	Last	
Gender: Race	_ Grade Lev	el 2023-2024		D.O.B	
Birthplace City:	Native Language:				
Home Address					
Street Addr	ess	PO Box	City	State	Zip
Current District of Residence:					
Current District of Attendance	e:				
Name of parent(s)/guardian	(s):				
Married Divorced	Who has res	idential custody	،؟		
Phone					
Home		Work			
Special Education Services _				I.E.P:	YESNO
If yes, please explain					
Has the student been suspend	ded or expell	ed within the lo	ist year?		
Name of School Building req	uested:				
If for specific high school cou	rses, list desir	ed classes:			
///		/		/	
	AUST BE REC	EIVED BETWEE	N MARCH 1	5 AND MAY 1	
All requests will be notified be notified be a contract of the second se				tion Date	
For Office Use Only					
Received by		_ Date		Time _	
Approved by					
If Rejected, Reason:					

Mail this form to Superintendent's Office, 9048 Dover Road, Apple Creek, OH. 44606 Application must be submitted yearly.

No student shall be denied admission to the Southeast Local School District or to a particular course or instructional program or otherwise discriminated against for reasons of race, color, national origin, sex, handicap, or any other basis of unlawful discrimination.