

School Year 20\_\_ 20\_\_ Application Date \_\_\_\_\_

**GALLIA COUNTY LOCAL SCHOOLS  
INTERDISTRICT OPEN ENROLLMENT  
APPLICATION**

This application should be used only when ANOTHER school district resident student wishes to ENTER Gallia County Local School District  
(Please submit on mint green paper)

Name of Student \_\_\_\_\_ Birthdate \_\_\_\_\_

Sex Male \_\_\_ Female \_\_\_ Ethnic Background \_\_\_\_\_

School Requested \_\_\_\_\_

Grade level for upcoming school year \_\_\_\_\_

Name of Parent (s)/guardian(s) \_\_\_\_\_  
(A copy of any legal documents must accompany)

Address \_\_\_\_\_  
Street Address and/or P O Box

\_\_\_\_\_ City State Zip Code

District of Residence \_\_\_\_\_  
(other than Gallia County Schools)

Building/District presently attending \_\_\_\_\_

If enrolling for special high school courses or special education courses, list desired classes:

\_\_\_\_\_

Has the student been suspended or expelled during this semester or the previous semester? yes \_\_\_\_\_ no \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

**APPLICATION MUST BE RECEIVED BY THE SUPERINTENDENT'S OFFICE NO LATER THAN MAY 1 OF THE CALENDAR YEAR.**

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(For Office Use Only) **Interdistrict Enrollment Application**

Received By \_\_\_\_\_ Date and Time Received \_\_\_\_\_

Approved \_\_\_\_\_ Rejected \_\_\_\_\_

Reason(s) \_\_\_\_\_

\_\_\_\_\_

No student shall be denied admission to the Gallia County Local Schools 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.