

School Year 20__ -- 20__

Application Date _____

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

****Important Note****

This application should only be used for a student living in **ANOTHER SCHOOL DISTRICT** wishing to **ENTER** Gallia County Local School District

Name of Student: _____ **Date of Birth** _____

School Requested: _____ **Grade Level:** _____

Name of parent(s)/guardian(s): _____
(A copy of current legal court documents must accompany)

Street Address: _____
Street Address

City State Zip

Phone: (Home) _____ (Work) _____

School District of Residence: _____
(District other than Gallia County Local)

Has the student been suspended or expelled during this semester or the previous semester? Yes ____ No ____

Parent/Guardian Signature _____
(Guardian: Please attach copy of legal court order)

THE SUPERINTENDENT'S OFFICE MUST RECEIVE THIS APPLICATION APPROVED BY PRINCIPAL TO BE VALID

(For Office Use Only)

Received By: _____ Date Received: _____ Time: _____ a.m. /p.m.

Approved By _____ **Rejected By*** _____

***Reason(s)** _____
