

**SHADYSIDE LOCAL SCHOOL DISTRICT  
SY 2017/2018  
OPEN ENROLLMENT REQUEST**

SSID #: NEW____ RETURNING____
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DATE: \_\_\_\_\_

**INTERDISTRICT OPEN ENROLLMENT APPLICATION  
REQUEST FOR ATTENDANCE**

**NOTE: This application must be completed in its entirety to be valid.**

NAME OF STUDENT: \_\_\_\_\_  
(Last) (First) (Middle)

SOCIAL SECURITY #: \_\_\_\_\_ MALE  FEMALE

RACE (Needed for racial balance purposes only): \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

PLACE OF BIRTH (CITY/STATE): \_\_\_\_\_

PARENT/GUARDIAN NAME: \_\_\_\_\_

MOTHER'S MAIDEN NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE #: \_\_\_\_\_

**GRADE LEVEL OF STUDENT FOR SCHOOL YEAR 2016/2017:** \_\_\_\_\_

NAME OF SCHOOL DISTRICT OF RESIDENCE (Where Parent/Guardian resides):

- ( ) BARNESVILLE ( ) BELLAIRE ( ) BRIDGEPORT ( ) BUCKEYE LOCAL  
( ) MARTINS FERRY ( ) ST. CLAIRSVILLE ( ) SWITZ. OF OHIO ( ) UNION LOCAL  
( ) OTHER \_\_\_\_\_

**CURRENT SCHOOL BUILDING** OF ATTENDANCE: \_\_\_\_\_

TELEPHONE #: \_\_\_\_\_

IF HANDICAPPED CONDITION AND/OR CHILD HAS AN IEP, LIST HANDICAP(S):

\_\_\_\_\_  
\_\_\_\_\_

NUMBER OF DAYS EXPELLED AND/OR SUSPENDED FOR SY 2015/2016: \_\_\_\_\_

REASON FOR OPEN ENROLLMENT REQUEST: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

APPLICATIONS MUST BE RECEIVED NO LATER THAN:

**APRIL 8, 2016** FOR **CURRENT** OPEN ENROLLMENT STUDENTS

**APRIL 15, 2016** FOR **NEW** OPEN ENROLLMENT STUDENTS

***REQUESTS WILL BE ACTED UPON NO LATER THAN JUNE 30, 2016***



**(FOR OFFICE USE ONLY)**

Received by: \_\_\_\_\_  
Name Title

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Approved : \_\_\_\_\_ Date: \_\_\_\_\_

Rejected : Principal

Approved : \_\_\_\_\_ Date: \_\_\_\_\_

Rejected : Superintendent

Reason(s) for rejection: \_\_\_\_\_

\_\_\_\_\_  
Principal (initial) Date

No student shall be denied admission to a particular course or instructional programs, or other wise be discriminated against for reasons of race, color, national origin, sex, handicap, or any other basis of unlawful discrimination.

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pc: School District of Residence:

- Barnesville       Bellaire       Bridgeport       Buckeye Local
- Martins Ferry       St. Clairsville       Switzerland       Union Local
- Other \_\_\_\_\_

cc: Building Principal  
Parent w/letter  
Original: Supt. Office

Added to OE Report, distributed to Buildings, mailed/faxed to District of Residence:

