

BELLAIRE LOCAL SCHOOL DISTRICT IRN# 043570

340 34th St., Bellaire, OH 43906
740-676-1826
Fax 740-671-6002

2022-2023 OPEN ENROLLMENT APPLICATION

Name of Student: _____
(As it appears on Birth Certificate) First Middle Last

Date of Birth _____ Place of Birth (City & State) _____

Gender: Male Female Race _____

Parent/Guardian's Name: _____

Mother's Maiden Name _____

Address: _____

City _____ State _____ Zip _____

Phone: _____ Email address: _____

Reason for Transfer: _____

Grade Level of student for 2022-2023 school year: _____

Name of school district of residence: _____

Was student suspended or expelled during the previous school year?

No Yes If yes, indicate number of days: _____

Does student have an IEP No Yes If yes, identification: _____

Parent Signature _____ Date _____

APPLICATION MUST BE RECEIVED NO LATER THAN 3:00 P.M. PRIOR TO THE FIRST FRIDAY IN MAY (Friday, May 6, 2022). AT THE ABOVE ADDRESS.
Requests will be acted upon not later than the second Monday in June. No student shall be denied admission to the Bellaire Local School District or to a particular course or instructional program or be otherwise discriminated against for reasons of race, color, national origin, sex, handicap or any other basis of discrimination. For all other situations – Open Enrollment will close September 30 of each year.

(FOR OFFICE USE ONLY)

EFFECTIVE OF DATE _____

SSID # _____

APPROVED BY: _____ DATE: _____

REJECTED: _____

REASON: _____

ATHLETIC RELEASE APPROVED BY BD OF EDUC. _____ DATE: _____