

BLOOM-VERNON LOCAL SCHOOL DISTRICT

PO BOX 237

SOUTH WEBSTER, OHIO 45682

INTERDISTRICT OPEN ENROLLMENT APPLICATION

NOTE: This application must be returned to the Superintendent's Office of the Bloom-Vernon Local Board of Education.

Date: _____ Student SS#: _____ Date of Birth: _____

Name of Student: _____

(Last)

(First)

(Middle)

Parent/Guardian's Signature: _____

Address: _____ City: _____ Phone: _____

School District in which you live: _____ School presently attending: _____

Grade Level of Student: _____ Grade Level of Student for 2021-2022 school year: _____

- Is the student enrolled in any special education programs or has the student been evaluated for or referred- for special education: _____. If yes, please explain: _____
- Has the student been suspended or expelled during this or the previous semester: Yes _____ No _____
How many times: _____ How many days for each: _____

Reason(s) for wanting to attend Bloom-Vernon Local Schools:

- | | |
|---|--|
| _____ Better education opportunities | _____ Problems(s) getting along with other student(s) at resident district |
| _____ Sports participation | _____ Problems(s) with teacher(s) at resident district |
| _____ Lives closer to our district than resident district | _____ Opportunities to participate in extracurricular events (What events) _____ |
| _____ Child care convenience | |
| _____ Other (explain): _____ | |

**The Superintendent is authorized to take applications through October 31, 2021. After that, applications will be reviewed only on special situations such as:

- The student is presently enrolled within the Bloom-Vernon Local Schools and is moving to an adjacent district.
- The student is presently moving from one district to another and a change of schools will be necessary anyway.
- That it is in the best interest of the child to change districts because of uncontrolled circumstances (child care, foster care, divorce or other such circumstances).

NOTE: Request will be acted upon no later than July 15, 2021. Falsification of any of the above may result in the voiding of this application/agreement.

(For Office Use Only - Do Not Write Below This Line)

Received by: _____ Date: _____ Time: _____

Approved: _____ Rejected: _____

Signature of official: _____

Reason(s) for rejection: _____