



Bethel Local School District

INTER-DISTRICT OPEN ENROLLMENT APPLICATION

Check one: New Application ____ Re-application ____ male ____ female ____

Student Name: _____ grade ____ (upcoming school year 2023-2024)

Date of Birth: ____/____/____ SSID# _____

Parent / Guardian: _____

Street Address: _____ P.O. Box _____

City _____ State _____ Zip Code _____

Telephone: (Home): (____) ____ - ____ (Work): (____) ____ - ____ (Cell): (____) ____ - ____

Parent's School District of Residence: _____

School district that student currently attends: _____
(District Name)

Is student registered at school district of residence? **Yes** **No**

Does the student have a current I.E.P. (Individual Education Plan) for Special Education? **Yes** **No** (Circle One)

If yes, in what special education program is the child enrolled? _____

(Please provide a current copy of the IEP)

Has an educational team taken your child through the ETR process (Evaluation Team Report)?

(If yes, please provide a current copy)

Does the student currently receive any ESL (English as Second Language) services? **Yes** **No** (Circle One)

Was the student suspended or expelled from school during the last twelve (12) months? **Yes** **No** (Circle One)

If yes, explain: _____

If high school, will the student be attending the Miami Valley Career Technology Center? **Yes** **No** (Circle One)

I understand that additional information may be needed before Open Enrollment is complete.

SIGNATURE OF PARENT/GUARDIAN _____ **DATE** _____

***** Office Use Only *****

Date submitted _____ **Time submitted** _____

Bethel Local School Official Signature _____

For office use only:	Accepted _____
cc: Parent _____	Denied _____
Attending School / BLSD _____	District of Residence _____
E.M.I.S. Coordinator BLSD _____	Grade Level _____
Letter / School District of Residence _____	Bethel Building _____