



LOCKLAND SCHOOL DISTRICT INTERDISTRICT OPEN ENROLLMENT APPLICATION

Date: _____ Grade Level for next School Year: _____

Student Name: _____ Date of Birth: _____

Parent/Guardian: _____ Phone/Cell: _____

Parent/Guardian: _____ Phone/Cell: _____

Address: _____ City: _____ Zip: _____

School District Currently Attending: _____

School District of Residence: _____

Special Education Classes/Services Required YES NO Type of Program: _____

Has the student been suspended or expelled from school? YES NO

*HIGH SCHOOL STUDENTS ONLY - Current Grade level: _____

*Number of high school credits anticipated at the end of the current school year: _____

Name(s) and Grade(s) of Sibling(s) that are also applying for Open Enrollment:

Name: _____ Grade: _____

Name: _____ Grade: _____

Name: _____ Grade: _____

Why do you want your child to attend Lockland Schools? (use the back of this form if needed)

I certify that all information contained in this application is true and complete, and I understand that the falsification of any of the above information will void this application and/or the enrollment of my child in the Lockland School District.

Signature of Parent/Guardian: _____ Date: _____

The Lockland Open Enrollment application window is from April 1st through August 31st. All applicants will be considered contingent upon not exceeding Lockland class size limits.

*All applications received prior to April 1st will be marked as received April 1st without guarantee of order.