

BELLAIRE LOCAL SCHOOL DISTRICT IRN# 043570
340 34th St., Bellaire, OH 43906
740-676-1826
Fax 740-671-6002

2020-2021 OPEN ENROLLMENT APPLICATION

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

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

Male Female Race _____

Parent/Guardian's Name: _____

Mothers Maiden Name _____

Address: _____

City _____ State _____ Zip _____

Phone: _____ Email address: _____

Reason for Transfer: _____

Grade Level of student for 2020-2021 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 Identification: _____

Parent Signature _____ Date _____

APPLICATION MUST BE RECEIVED NO LATER THAN 3:00 P.M. PRIOR TO THE FIRST FRIDAY IN MAY (Friday, May 8, 2020), 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 OE DATE _____
	SSID # _____
APPROVED BY: _____	DATE: _____
REJECTED: _____	
REASON: _____	
ATHLETIC RELEASE APPROVED BY BD OF EDUC. _____	DATE: _____