



LOCKLAND LOCAL SCHOOL DISTRICT INTERDISTRICT OPEN ENROLLMENT APPLICATION

*APPLICATIONS **MUST BE** COMPLETED IN FULL FOR CONSIDERATION

*APPLICATIONS **MUST BE** SUBMITTED WITH PROOF OF RESIDENCY TO BE PROCESSED

Date: _____ Grade level next year: _____

Student Name: _____ Date of Birth: _____

Parent/Guardian: _____ Phone/Cell: _____

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Address: _____ City: _____ Zip: _____

School District Currently Attending: _____

School District of Residence: _____

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

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

If YES, in what grade level(s): _____

*HIGH SCHOOL STUDENTS ONLY: # of high school credits earned to date / end of the year: _____

Why are you interested in your child attending within the Lockland Local School District? (use the back of this form if needed)

IMPORTANT: *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 Local School District.*

Signature of Parent/Guardian: _____ Date: _____

The Lockland Open Enrollment application window is open between April 1 through August 31. All applicants will be considered based on the order the application is received, contingent upon space available by grade level.