

MONROEVILLE LOCAL SCHOOL DISTRICT
2024-2025 Inter-District Open Enrollment Application

- **One application is to be completed for each child to be enrolled. Please print clearly.**
- **Applications for inter-district open enrollment are approved for one school year only.**
- **Deadline for applications is May 31, 2024.**
- **Acceptance of open enrollment does not automatically enroll a student that is new to the district. That process will need to be completed as soon as possible after notification of acceptance.**
- **This application may be returned to either build's office, mailed back to; Monroeville Local Schools, Attention: Janet Gerber, 101 West St., Monroeville, OH 44847, or emailed to jgerber@monroevilleschools.org.**

Name of Student _____ Date of Birth _____
(First) (Middle) (Last)

Address _____
(Street) (City) (Zip)

Mother's Name _____ Does Mother have legal custody? Yes ___ No ___

Phone _____ Mother's Email _____

Father's Name _____ Does Father have legal custody? Yes ___ No ___

Phone _____ Father's Email _____

District of Residence of Custodial Parent _____ District last attended _____

Has student been suspended or expelled in the last school year? Yes ___ No ___ If yes, please explain _____

Grade Level of student for the **2024-2025** school year _____ Currently attending EHOVE? Yes ___ No ___

Is student enrolled in special education programs. Yes ___ No ___ Currently on a 504? Yes ___ No ___

Reason Open Enrollment is requested _____

My signature indicates that I have read the *Inter-District Open Enrollment Plan, Guidelines, and Stipulations* for Monroeville Local Schools and agree to abide by the procedures and policies that have been established.

Signature of Custodial Parent _____ Date _____

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FOR OFFICE USE ONLY:

Received by _____ Date _____ Time _____

- Is student new to the district? Yes ___ No ___
- Was student open enrolled last school year? Yes ___ No ___
- Was student a prior resident of the district? Yes ___ No ___

Approved _____ **Non-Approved** _____ Reason for Non-Approval _____

Signature of School Official _____ Date _____