

2018-2019

Plymouth-Shiloh Local School District
APPLICATION FOR INTERDISTRICT OPEN ENROLLMENT

INSTRUCTIONS: The parent is to complete this application for each child affected and submit it to the office of the Superintendent of the Plymouth-Shiloh Board of Education at 365 Sandusky St, Plymouth, OH 44865. Office hours are 8:00 a.m. to 4:00 p.m., Monday through Friday, holidays excepted. **Please return before May 1, 2018**

Student Name: _____
 LAST FIRST MIDDLE

Date of Birth: _____ Present School: _____

Residing School District: _____ Present Grade Level: _____

Anticipated Grade Level for Next Year: _____

Parents/Guardians living in the home:

Name(s) _____ Relationship _____
Address _____
Work Phone _____ Home Phone _____

Is this student now enrolled in any special education services? _____ YES _____ NO
Was this student ever enrolled in special education services? _____ YES _____ NO

Please identify the special education services currently being provided or having been received in the past:

___ Learning Disability Class ___ Developmental Disability Class
___ Multiple Disability Class ___ Severe Behavior Disability Class
___ Speech Therapy ___ Other (Health, Hearing, Visual, etc.) (Please specify) _____

Was this student involved in disciplinary action during the current or immediate past school term that resulted in a ten consecutive day suspension or expulsion from school?
_____ YES _____ NO

By signing this application, I hereby attest that all the information above is completely accurate. The submission of this application indicates my desire to have my child attend Plymouth Shiloh Schools for the next school year. I understand that completing this form does not guarantee acceptance. You will be notified after our review process is completed.

Parent/Guardian Signature Date

This space for office use only:
Comments: _____

APPROVED: _____ REJECTED: _____
OFFICIAL SIGNATURE: _____ DATE: _____
NOTIFICATION SENT: _____ DATE: _____