

**Please check one** \_\_\_\_\_ **CURRENT NORTHERN LOCAL STUDENT** \_\_\_\_\_ **NEW STUDENT**  
Building preferred \_\_\_\_\_

**NORTHERN LOCAL SCHOOL DISTRICT**

***Open Enrollment Application***

***Return to School Office beginning March 1, 2020***

Please return completed application to your child's school office. Applications will be handled on a first-come, first-serve basis. ***Current students will be given preference over new applicants, but are still required to submit an application.*** Requests will be acted upon in writing to be sent on or before August 2<sup>nd</sup>, 2020 (***Exception- Kindergarten students***). Applications placed on a waiting list, due to class size/course availability, will be acted upon on or before the first complete week of school. **Parents must indicate acceptance of transfer in writing; failure to do so will void application.**

Date: \_\_\_\_\_ Student SS#: \_\_\_\_\_

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Child's Birth City \_\_\_\_\_

**Race** - Check which applies: Hispanic or Latino \_\_\_\_\_ American Indian or Alaskan Native \_\_\_\_\_

One or more of the following: Asian \_\_\_\_\_ Black or African American \_\_\_\_\_

Native Hawaiian or Other Pacific Islander \_\_\_\_\_ White \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_ Mother's Maiden Name \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing address of parent/guardian if different than above: \_\_\_\_\_

Present school district of residence: \_\_\_\_\_

School building presently attending: \_\_\_\_\_

Grade level of the student for the 2020-2021 school year: \_\_\_\_\_

Does your student have an IEP or are they enrolled in any Special Education or Tutorial Programs? \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Was the student suspended from school during the last school year? \_\_\_\_\_

Have you applied for OE for any other students in your household? If so, name/grade: \_\_\_\_\_

**I hereby certify that the information provided above is accurate. I further understand that falsification of information may lead to a denial of acceptance, or a termination of enrollment at any time.**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**(For office use only)**

Received by: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Approved: \_\_\_\_\_ Not Approved \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_

Signature of school official: \_\_\_\_\_

No student shall be denied admission to the Northern Local School District or to a particular course or instructional program or otherwise be discriminated against for reasons of race, color, national origin, sex, handicap, or any basis of lawful discrimination.

**2020-2021 SCHOOL YEAR**