



Bethel Local School District

INTER-DISTRICT OPEN ENROLLMENT APPLICATION

Check one: New Application ___ Re-application ___ male ___ female ___

Student Name: _____ grade _____ (upcoming school year 2024 - 2025)

Date of Birth: ____/____/____ SSID# _____

Parent / Guardian: _____

Street Address: _____ P.O. Box _____

City _____ State _____ Zip Code _____

Telephone: (Home): (____) ____ - ____ (Work): (____) ____ - ____ (Cell): (____) ____ - ____

Parent's School District of Residence: _____

The school district that student currently attends: _____
(District Name)

Is the student registered at the school district of residence? **Yes** **No**

Does the student have a current I.E.P. (Individual Education Plan) for Special Education? **Yes** **No**

If yes, in what special education program is the child enrolled? _____
(Please provide a current copy of the IEP)

Has an educational team taken your child through the ETR process (Evaluation Team Report)?
(If yes, please provide a current copy)

Does the student currently receive ESL (English as a Second Language) services? **Yes** **No**

Was the student suspended or expelled from school during the last twelve (12) months? **Yes** **No**

If yes, explain: _____

If high school, will the student attend the Miami Valley Career Technology Center? **Yes** **No**

I understand that additional information may be needed before Open Enrollment is complete.

SIGNATURE OF PARENT/GUARDIAN _____ **DATE** _____

***** Office Use Only *****

Date submitted _____ **Time submitted** _____

Bethel Local School Official Signature _____

For office use only:

cc: Parent _____

Attending School / BLSD _____

E.M.I.S. Coordinator BLSD _____

Letter / School District of Residence _____

Accepted _____

Denied _____

District of Residence _____

Grade Level _____

Bethel Building _____