

INTERDISTRICT OPEN ENROLLMENT APPLICATION

Grand Valley Local Schools

Check one: New Application _____ Re-Application _____

Student Name: _____

Present Grade Level: _____ **2024-2025** School Year Grade Level: _____

Date of Birth: ____/____/____

Parent/Guardian: _____

Address: Street _____ P.O. Box # _____

City _____ State ____ Zip Code _____ County _____

PLEASE INCLUDE COPIES OF 2 PROOFS OF RESIDENCY (see list of acceptable proofs)

Telephone (home): (____) _____ - _____ (work): (____) _____ - _____

Student Address if different from parent: _____

Parent's school district of residence: _____

School district and building student currently attends:

(District) _____

(Building) _____

Is student registered at school district of residence? Yes _____ No _____

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

Was the student expelled from school during the current school year? Yes _____ No _____

If a high school student, will the student be attending the Ashtabula County Tech & Career Center? Yes _____ No _____

application continued on reverse side

Siblings attending or applying for Open Enrollment at Grand Valley (Name & Grade):

Please state your reasons for seeking enrollment in the Grand Valley Local School District:

For mid-year open enrollments only: What date did you move into your new residence?

I certify by my signature that the above information is true and accurate to the best of my knowledge. I understand that my child must be registered at the school district of residence before being accepted for open enrollment at Grand Valley Local Schools. I also understand that I must apply for open enrollment at the end of each school year for the following year in order to be considered for open enrollment approval for the following year.

It is the responsibility of open enrollment students to provide their own transportation to the nearest Grand Valley bus stop in order to ride a Grand Valley bus, or else to provide their own transportation to the Grand Valley Local School facility.

Parent/Guardian Signature: _____ **Date:** _____

For Office Use Only:

Date Application Received: _____ Received by: _____

Status of Application: Accepted _____ Denied _____

Reason for Denial: _____

Date of Notification: _____

Superintendent Signature: _____

Date: _____

- _____ Parent
- _____ GV Attending School
- _____ GV EMIS Coordinator
- _____ Letter/District of Residence
- _____ 2 Proofs of Residency for DOR

Building: ES ___ MS ___ HS ___ Grade ___ Accepted ___ Denied ___ DOR _____