GRAHAM LOCAL SCHOOLS

9915 West US Highway 36
Saint Paris, OH 43072-9496
Phone: (937) 663-4123 Fax: (937) 637-1021 IRN# 046193

INTER-DISTRICT OPEN ENROLLMENT APPLICATION – 2025-2026

The transfer of a student into the Graham Local Schools from his/her district of residence shall be accomplished in accordance with the Graham District's Inter-District Open-Enrollment Policies and Guidelines, which can be found at *www.grahamlocalschools.org/FormsandDocuments.aspx*. Complete the following application form, sign indicating your awareness and understanding of the policies and guidelines, and **return to Graham Local Schools Superintendent's office by April 30, 2025**.
A decision will be made regarding this application, and you will be notified of that decision by mail.
Outstanding student fees must be paid in full in order to complete Open Enrollment application(s).

Student's Full Legal Name: _____ ☐Male ☐Female
First Middle Last

Date of Birth: _____ Birth Place City _____ Grade Level: **2025-2026** _____
Month Day Year

Address: _____
House # Street/Road Name PO Box # City Zip

Name of School District of Legal Residence: _____

The United States Department of Education requires the following information:
Is the student of Hispanic/Latino origin? Yes or No. At least one race must be chosen: ☐White ☐Black or African American ☐American Indian or Alaskan native ☐Asian ☐Native Hawaiian or Other Pacific Islander
(NOTE: If ethnicity is not provided district will use observer identification per state and federal regulations)

Native Language: ☐English ☐Spanish ☐Japanese ☐Other: _____

Is the student currently, or has the student been, suspended/expelled from school during the current or previous school term (semester)? ☐Yes ☐No If yes, explain _____

*Is the student enrolled in a special education program? ☐Yes ☐No If yes, explain: _____

Only for Specific High School Courses, List Classes: _____

Parent/Guardian Name(s): _____ Telephone: (____) _____-_____

Mother's Maiden Name: _____ Parent Email _____

Check the box that explains your situation: ☐Last year open enrollment student ☐New Applicant ☐Former Graham Student

☐Current Graham student, moving out of Graham School District Effective date of move: _____

By signing this application, I am requesting that my child be considered for Inter-District Open-Enrollment in the Graham Schools for the **2025-2026** school year/term. **I HAVE READ AND UNDERSTAND THE POLICIES AND GUIDELINES WHICH GOVERN THE PROGRAM, including the need to provide transportation to the school or to a District bus stop on the established District routes to the school. Providing inaccurate information on this application will void consideration of your request.**

_____ _____
Legal Parent/Guardian Signature Date

FOR OFFICE USE ONLY. DO NOT WRITE IN THIS AREA:

_____ _____
Date Application Received Time Application Received ☐Approved ☐Denied

Reason (if denied): _____ **Effective Date for OE** _____

_____ _____ _____
School Building Assigned to Attend Date Notice to Parent, Resident District, GLS Building Assigned SSID#

_____ _____
Superintendent's Signature Date

*No student shall be denied admission to the Graham Local School District or to a particular course or instructional program or otherwise discriminated against for reasons of race, color, national origin, sex, handicap, or any other basis of unlawful discrimination. However, the district has the right to set classroom capacity limits by grade level, school building, and/or educational program limits, including special education.