

LAKOTA LOCAL SCHOOLS 2018-2019 OPEN ENROLLMENT

Interdistrict Open Enrollment Application

**Please return this completed application, along with a proof of residency, such as a utility bill to:
Lakota Local Schools, District Office, 5200 C.R. 13, Kansas, OH 44841.**

Date: _____ Grade Level of Student for the 2018-2019 School Year: _____

Name of Student: Last _____ First _____ Middle Name _____

Race: _____ Hispanic/Latino? _____ Native Language: _____ Sex: M ___ F ___

Student's Social Security Number: _____ Student's Birthdate: _____ Birth City: _____

Parent/Guardian's Name: _____ Mother's Maiden Name: _____

Phone Number: _____ Cell Phone: _____ Email: _____

Address: _____
Street Address P.O. Box City State Zip Code

Is there a Court Order affecting the custody of this child? _____ If student lives with only one parent, court documentation is required to determine the residential parent. Documentation is required when submitting application.

Present School District of Residence: _____ County of Residence: _____

New Student: _____ Yes _____ No Returning Student: _____ Yes _____ No

Please list all siblings student applying for Open Enrollment: _____

School building presently attending: _____ Is student enrolled in any Special Education or Tutorial Programs? ___ Yes ___ No

If YES, please explain: _____

**Has the Student been suspended or expelled during the 2017-2018 school year? ___ Yes ___ No If yes, how many days? _____
If yes, please provide copies of paperwork.**

If the transfer is granted, can you provide transportation for your child? ___ Yes ___ No

I, the parent/guardian have read and understand that I must re-apply yearly for inter-district transfers, and that if I do not re-apply, my child will return to and attend his/her home school district. I understand that if my child is a current Lakota student, all school fees/fines must be paid in full prior to consideration of Open Enrollment for 2018-2019. I also have read and understand, that applying is not a guarantee of inter-district transfer and the application may be denied. Initial: _____

Signature of Parent/Guardian: _____ Date _____

Applications will be accepted beginning April 1, 2018 and no later than April 30, 2018. Applications will be processed as they are received. Parents must indicate acceptance of transfer upon approval.

FOR OFFICE USE ONLY

Received By: _____

Date _____ Time _____

Approved by: _____

Denied by: _____ Reason for denial: _____

Notification Sent to Parent (date) _____ Response Received (date) _____

Enrollment Date _____ Withdrawal Date _____ Student SSID # _____

Student FTE: _____ days at Lakota - 180 = _____ Vanguard Y N POR _____