



Margaretta Local School District  
**INTERDISTRICT OPEN ENROLLMENT**  
**APPLICATION FORM 2011-2012 SCHOOL YEAR**  
 (Rev. 03/11)

The enrollment period for inter-district transfers is between May 1 and May 31. Applications must be submitted to the Superintendent's office no later than May 31. Requests will be acted upon (approved or denied) during June with parental acceptance of transfer on or before June 30; with the exception of kindergarten open enrollment approval, which will occur the first week of August.

**I. GENERAL INFORMATION**

Student's Legal Name		Birthdate	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Home Phone
Mailing Address, City, Zip			District of Residence	
Grade Level for 2011-2012	School District Attending in 2010-2011	School Building Attending in 2010-2011		

**Yes No**

- Has the student been suspended or expelled at any time in the 2010-2011 school year or are any disciplinary proceedings pending that could lead to suspension or expulsion?
- Is the student currently attending Margaretta Local Schools?
- Are siblings of the student currently attending Margaretta Local Schools?  
Names: \_\_\_\_\_
- Are siblings of the student also applying at this time to attend Margaretta Local Schools?  
Names: \_\_\_\_\_
- Has the student ever been found, by an IEP team, to have a disability?  
If yes, does the student have an individualized education program (IEP)?      Yes      No  
Please explain: \_\_\_\_\_
- Is the student currently enrolled in Title 1 or another program?  
If yes, please explain: \_\_\_\_\_

**II. PARENT/GUARDIAN SIGNATURE AND PERMISSION FOR RELEASE OF RECORDS**

All information is complete and correct. I am the child's parent and legal guardian. My signature indicates that I have read the stipulations of the open enrollment plan and agree to abide by the procedures and policies that have been established. I understand that falsification of any information will result in revocation of student enrollment. This consent is effective until June 5, 2012.

Signature of Custodial Parent/Legal Guardian	Custodial Parent/Legal Guardian Name(s)	Date
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**III. FOR OFFICE USE ONLY**

Date/Time Received	Received By	<input type="checkbox"/> Approved <input type="checkbox"/> Rejected	Reason(s)
Superintendent's Signature			