

INTERDISTRICT OPEN ENROLLMENT APPLICATION
ALEXANDER LOCAL SCHOOL DISTRICT
6091 Ayers Rd.
Albany, OH 45710

Please include a copy of most recent grade card

Name of Student: _____
(first) (middle) (last)

Date of Birth _____

Name of Parent/Guardian _____

Address _____
(no PO boxes) street city zip code

Phone _____

Indicate home/work/cell

If separated or divorced, who has legal custody of student? _____

Please attach current copy of custody papers.

Other school-age children in the household _____

School District in which you reside _____ County _____

School District and building you are currently enrolled in _____

Date enrolled in current district _____ Grade level for **2022-2023** _____

Is student receiving special services? _____

Has student experienced attendance problems in current district, been suspended or expelled, or been assigned to an Alternative School? _____ If yes, please explain.

Please state the reasons you feel your child would benefit from acceptance in the Alexander Local School District Open Enrollment Program.

I understand that if my son/daughter is accepted into the Alexander Local School District Open Enrollment Program for the 2022-2023 school year, acceptance is for that school year only and I must reapply for the 2023-2024 school year. I also understand and agree to abide by the transportation requirements as stated in the open enrollment policy.

parent/guardian signature

date