

**NORTHEASTERN LOCAL SCHOOL DISTRICT
2009-2010 INTRA-DISTRICT
OPEN ENROLLMENT APPLICATION**

Name of Student: _____ Date: _____

Student's Social Security Number: _____ D.O.B. _____

Parent/Guardian Name: _____

Telephone: (Work) _____ (Home) _____

Address: _____ Zip Code _____

Building that student should be attending: _____ Building that is being requested: _____

Special Education Services needed: _____ Student's grade for **2009/2010 school year**: _____

Has the student been suspended or expelled from school for ten or more consecutive school days the previous school year? **Yes _____ **No** _____

I have read the district's intra-district open enrollment policy and agree to the provisions of this policy.

Signature of parent/guardian

This application must be received by the Superintendent's Office, Northeastern Local School District, 1414 Bowman Road, Springfield, Ohio 45502 between April 1 and April 30, 2009. Decisions will be made on a first-come first-serve basis.

*A separate application must be submitted for each student **yearly**.

**Required data as per Senate Bill 140 – Intra-District Open Enrollment.

In the space below, please state reason request is being made **if this is the first time** requesting transfer:

*****Reminder*****

If accepted, the following would be expected. No attendance or tardy issues, passing grade averages, and limited behavior concerns.

For Office Use

Received by: _____ Date: _____ Time: _____ Approved _____ Rejected _____

Reason for Rejection: _____ Home Principal's Input: _____ Requested Principal's Input: _____

Superintendent's Signature: _____ cc: _____

