

LORDSTOWN LOCAL SCHOOL DISTRICT
1824 Salt Springs Road
Warren, Ohio 44481
Phone: 330-824-2535

Open Enrollment Application 2017-2018 School Year

The information in this application is for Open Enrollment only. If accepted, registration must be completed at the assigned building prior to the start of the school year. All approved open enrollment will be for one (1) year only.

Home/Resident School District: _____ Building: _____

Student's Name _____ Grade for Next Year: _____
Last First Middle

Address: _____
Street City Zip

Date of Birth: _____ Male _____ Female _____

Social Security Number: _____ Work/Cell Phone: _____

Emergency Contact: _____

Is student receiving Special Education Services? No _____ Currently _____ Previously _____

Program: _____ (i.e. Gifted, Speech/Language, CD, SLD, MD, ED, etc.)

Is the student currently being tested for Special Education Services? Yes _____ No _____

Has student been suspended or expelled for ten (10) consecutive days during the 2016-2017 School Year?
Yes _____ No _____ If so, please indicate the dates of the suspension or expulsion _____

Has student been in a Pre-School Program? Yes _____ No _____

Student living with: Mother _____ Father _____ Both _____ Other _____

Father/Guardian: _____ Mother/Guardian: _____

Address: _____
Street City Zip

Is the student native to the Lordstown Local School District? Yes _____ No _____

Does parent/guardian work for the Lordstown Board of Education: Yes _____ No _____

Are there siblings already attending Lordstown Local Schools: Yes _____ No _____

Please submit copies of the following documents with the application at the time of submission. Failure to do so will result in the application not being considered:

- Birth Certificate, Current Proof of Residency, Immunization Records, IEP/ETR or 504 Plan (if applicable), Social Security Card, Custody or Guardianship Papers (if applicable), School Records (transcripts/report card, test scores)

FAMILY INFORMATION

Please list your other children's names and grades that are also applying for Open Enrollment at Lordstown:

Father's Name _____

Address _____

Occupation _____

Work No. _____ Home No. _____

Marital Status _____

Mother's Name _____

Address _____

Occupation _____

Work No. _____ Home No. _____

Marital Status _____

Person with whom student resides _____

***All correspondence regarding this student will be mailed to the custodial parent/guardian at the above address. If the father and mother do not reside together, please specify the custodial parent/guardian below.

ADDITIONAL INFORMATION

Did the student attend Lordstown Schools through Open Enrollment last year? Yes _____ No _____

Do you currently have any other children enrolled in our school district through open enrollment? Yes _____ No _____

Open Enrollment Application Period
March 1, 2017 – April 30, 2017

Signature of Parent/Guardian

Date

FOR OFFICE USE ONLY:

Received by _____

Date ____/____/____ Time _____

No student shall be denied admission to the Lordstown Local School District, or to a particular course or instructional program, or otherwise discriminated against for reasons of race, color, national origin, sex, disability or any other basis of unlawful discrimination.