



Barnesville Exempted Village Schools
Office of the Superintendent
210 W. Church Street
Barnesville, OH 43713
(740)425-3615

Inter-District Open Enrollment Application
2015-2016

Date _____

Name _____ Date of Birth _____ Sex _____

Social Security Number _____ Birth City _____ Race _____

Parent/Guardian's Name _____

Mother's Maiden Name _____

Address _____ Home Phone _____

_____ Work Phone _____

Grade Level in 2015-2016: _____

School District of Residence _____

Were you on Open Enrollment to this District last year? _____

Reason for attending Barnesville Schools _____

Are Special Education Services requested through an IEP? _____

Has the Student been suspended or expelled for 10 or more consecutive days during the present school year? Yes _____ No _____

I have read and understand this policy, and my signature authorizes the district to receive and review the student's records. False information can be grounds for denial of participation.

Parent/Guardian Signature

(For Office Use Only)

SSID# _____ Effective OE Date _____

Date Received _____ Received by _____

Approved by _____ Rejected by _____

Reason _____

Parent Notification Date _____

No student shall be denied admission to the Barnesville Exempted Village School District or to a particular course of instructional program or otherwise discriminated against for reason of race, color, national origin, sex, handicap, or any other basis of unlawful discrimination.