

**2025-2026**  
SWITZERLAND OF OHIO LOCAL SCHOOL DISTRICT  
**INTRADISTRICT OPEN ENROLLMENT APPLICATION (Must fill out each year)**  
(FOR STUDENTS WITHIN THE DISTRICT)

STUDENT'S NAME \_\_\_\_\_ APPLICATION DATE \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ MALE/FEMALE \_\_\_\_\_

RACE – check one:  White  Black/African American  
 American Indian/Alaska Native  Native Hawaiian/Pacific Islander

PARENT/GUARDIAN NAME \_\_\_\_\_

RELATIONSHIP TO STUDENT \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

NAME OF CURRENT SCHOOL ATTENDED \_\_\_\_\_

GRADE LEVEL OF STUDENT: CURRENTLY \_\_\_\_\_ UPCOMING YEAR **2025-2026** \_\_\_\_\_

NAME OF SCHOOL OR SCHOOLS REQUESTED FOR UPCOMING SCHOOL YEAR \_\_\_\_\_

IF ENROLLING FOR SPECIFIC HIGH SCHOOL COURSES OR SPECIAL EDUCATION CLASSES, PLEASE LIST:

IS STUDENT ENROLLED IN ANY SPECIAL EDUCATION OR TUTORIAL PROGRAMS? \_\_\_\_\_  
PLEASE SPECIFY CURRENT IEP DISABILITY CONDITION \_\_\_\_\_

TRANSPORTATION IS NOT GUARANTEED FOR STUDENTS ACCEPTED UNDER INTRADISTRICT OPEN ENROLLMENT.  
ARE YOU ABLE TO PROVIDE TRANSPORTATION IF THE DISTRICT CANNOT TRANSPORT YOUR CHILD TO THE  
REQUESTED SCHOOL? \_\_\_\_\_ Yes \_\_\_\_\_ NO

HAS THE STUDENT BEEN SUSPENDED OR EXPELLED FROM SCHOOL FOR TEN (10) OR MORE CONSECUTIVE DAYS  
THIS PRESENT SCHOOL YEAR? \_\_\_\_\_ YES \_\_\_\_\_ NO  
I HAVE READ AND I UNDERSTAND THIS POLICY, AND MY SIGNATURE AUTHORIZES THE DISTRICT TO RECEIVE AND  
REVIEW THE STUDENT'S RECORDS. FALSE INFORMATION ON THIS APPLICATION MAY BE GROUNDS FOR DENIAL  
OF PARTICIPATION.

**PARENT/GUARDIAN SIGNATURE** \_\_\_\_\_

**APPLICATIONS MUST BE RECEIVED BY THE SUPERINTENDENT'S OFFICE BY MAY 1, 2025 FOR CONSIDERATION  
FOR THE FOLLOWING SCHOOL YEAR. No transfers will be granted after this date until the next open enrollment period  
unless approved by the Superintendent. REQUESTS WILL BE ACTED UPON BY MAY 30, 2025 AND PARENTS WILL BE  
NOTIFIED BY MAIL.**

**(FOR OFFICE USE ONLY)**

**Date Received** \_\_\_\_\_ **Time Received** \_\_\_\_\_ **Received by** \_\_\_\_\_

**Superintendent Approved** \_\_\_\_\_ **Superintendent Rejected** \_\_\_\_\_

**Reason** \_\_\_\_\_

**Parent Notification: Date** \_\_\_\_\_

**PRINCIPAL** \_\_\_ **SBEA** \_\_\_ **SBHS** \_\_\_ **SHAN/RES** \_\_\_ **SHVS** \_\_\_ **SPOW** \_\_\_ **SRVH** \_\_\_ **SSKY** \_\_\_ **SWOO** \_\_\_

**No student shall be denied admission to the Switzerland of Ohio Local 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.**

**EMIS COORDINATOR** \_\_\_\_\_ **DATE** \_\_\_\_\_