

2026-2027

SWITZERLAND OF OHIO LOCAL SCHOOL DISTRICT
INTERDISTRICT OPEN ENROLLMENT APPLICATION (Must fill out each year)
(FOR STUDENTS COMING INTO THE DISTRICT FROM ANOTHER DISTRICT)

APPLICATIONS MUST BE RECEIVED BY THE SUPERINTENDENT'S OFFICE BY MAY 1, 2026 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 JUNE 12, 2026 AND PARENTS WILL BE NOTIFIED BY MAIL.

STUDENT LEGAL NAME (First/Middle/Last) APPLICATION DATE

DATE OF BIRTH PLACE OF BIRTH City/State/Zip

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

PARENT/GUARDIAN 1: NAME (First/Middle/Last)

RELATIONSHIP TO STUDENT MOTHER'S MAIDEN NAME (if applicable)

PARENT/GUARDIAN 2: NAME (First/Middle/Last)

RELATIONSHIP TO STUDENT MOTHER'S MAIDEN NAME (if applicable)

STUDENT'S RESIDES WITH: PARENT/GUARDIAN 1 PARENT/GUARDIAN 2 BOTH

ADDRESS

CITY STATE ZIP CODE COUNTY

HOME PHONE CELL PHONE WORK PHONE

NAME OF CURRENT SCHOOL/DISTRICT OF RESIDENCE

GRADE LEVEL OF STUDENT: FOR THE 2026-2027 SCHOOL YEAR

NAME OF SCHOOL OR SCHOOLS REQUESTED FOR UPCOMING SCHOOL YEAR

REASON FOR REQUEST (write on the back if more space needed)

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 INTERDISTRICT 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 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

PLEASE ATTACH COPY OF BIRTH CERTIFICATE.

(FOR OFFICE USE ONLY)

Date Received Time Received Received by Effective Date

Superintendent Approved Superintendent Rejected

Reason

Parent Notification: Date

School Class #'s

PRINCIPAL SBEA, SHAN/RES, SHVS, SMCH, SPOW, SRVH, SSKY, SW00

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.

SCHOOL DISTRICT OF RESIDENCE COPY SENT:

EMIS COORDINATOR REC'D ON: