

2026-2027
SWITZERLAND OF OHIO LOCAL SCHOOL DISTRICT
INTRADISTRICT OPEN ENROLLMENT APPLICATION (Must fill out each year)
(FOR STUDENTS WITHIN THE 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 special circumstances are approved by the Superintendent. REQUESTS WILL BE ACTED UPON BY **MAY 31, 2026** AND PARENTS WILL BE NOTIFIED BY MAIL.

STUDENT'S NAME _____ APPLICATION DATE _____

DATE OF BIRTH _____ MALE/FEMALE _____

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 **2026-2027** _____

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 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 UNDERSTAND, 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 _____

(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 ___ 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 _____