

**LOCKLAND LOCAL SCHOOL DISTRICT  
INTERDISTRICT OPEN ENROLLMENT APPLICATION**

Date: \_\_\_\_\_ Grade Level for 2015-16 School Year: \_\_\_\_\_

Student: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone/Cell: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

School District/Building Currently Attending : \_\_\_\_\_

School District/Building of Residence: \_\_\_\_\_

Special Education Classes/Services Required YES NO Type of Program: \_\_\_\_\_

Has the student been expelled or suspended from school? YES NO

\*HIGH SCHOOL STUDENTS ONLY – Current Grade Level: \_\_\_\_\_

\*Number of high school credits anticipated at the end of the 2014-15 school year: \_\_\_\_\_

Name(s) and Grade(s) of Sibling(s) that are also applying for Open Enrollment:

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Why do you want your child to attend Lockland Schools? (use the back of this form if needed )

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*I certify that all information contained in this application is true and complete, and I understand that the falsification of any of the above information will void this application and/or the enrollment of my child in the Lockland Local School District.*

Signature of  
Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

*\*All applications received prior to May 1st will be marked received May 1st without guarantee of order.*