

**LOCKLAND SCHOOL DISTRICT
INTERDISTRICT OPEN ENROLLMENT APPLICATION**

Date: _____ Grade Level for 2016-17 School Year: _____

Student: _____ Birth Date: _____

Parent/Guardian: _____ Phone/Cell: _____

Address: _____ City: _____ Zip: _____

School District Currently Attending: _____

School District 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 2015-16 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)

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 School District.

Signature of
Parent/Guardian: _____ Date: _____

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