



**LOCKLAND SCHOOL DISTRICT
INTERDISTRICT OPEN ENROLLMENT APPLICATION**

Date: _____ Grade Level for next School Year: _____

Student Name: _____ Date of Birth: _____

Parent/Guardian: _____ Phone/Cell: _____

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 ever been suspended or expelled from school? YES NO If Yes, please provide a brief description below of the circumstances. (use the back of this form if needed)

*HIGH SCHOOL STUDENTS ONLY - Current Grade level: _____

*Number of high school credits anticipated at the end of the current 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: _____

PLEASE SEE BACK OF FORM

The Lockland Open Enrollment application window is from April 1st through October 7th. All applicants will be considered contingent upon not exceeding Lockland class size limits.

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