

LOCKLAND LOCAL SCHOOL DISTRICT

Administrative Office

210 N. Cooper Ave. • Lockland, OH 45215
tel 513.563.5000 • fax 513.563.9611

Lockland Middle School

249 W. Forrer Ave. • Lockland, OH 45215
tel 513.563.5000 • fax 513.733.0800



Lockland Elementary

200 N. Cooper Ave. • Lockland, OH 45215
tel 513.563.5000 • fax 513.563.9611

Lockland High School

249 W. Forrer Ave. • Lockland, OH 45215
tel 513.563.5000 • fax 513.733.0800

March 16, 2018

Dear Lockland Local Schools Open Enrollment Family,

Please find the Lockland Local Schools Open Enrollment application enclosed within this mailing. In preparation for the 2018-19 academic school year, we ask that you:

- Complete the enclosed Open Enrollment application in full
- Obtain a current copy of proof of residence within your home district (lease, deed or utility bill)
- Submit the completed Open Enrollment application **AND** the proof of residency documentation to the K-12 Office between the hours of 8:00am and 3:30pm, Monday through Friday.

In order to ensure your son or daughter's seat within our schools next year, please make it a priority to **return this information as soon as possible.**

Thank you for your continued support of Lockland Local Schools. We appreciate the opportunity to serve you and your family again next year.

Respectfully,

Bob Longworth
Assistant Superintendent of Curriculum and Instruction
Lockland Local Schools
bob.longworth@locklandschools.org

Proudly Serving the Communities of Lockland and Arlington Heights



**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.