

2016-2017 School Year

OPEN ENROLLMENT APPLICATION FORM
Loudonville-Perrysville Exempted Village School District

Date: _____

Full Name of Student: _____
(First Name) (Middle Name) (Last Name)

Birth Date: _____ SSN #: _____

Student's City of Birth _____ Gender: _____ Race: _____

Mother's Maiden Name _____ Native Language _____

Parent/Guardian's Name: _____

Complete Address: _____
(Street Address) (City, State Zip)

Phone: Home: _____ Cell: _____ Work: _____

Name of school district of residence: _____

Grade level for 2016-17 school year: _____

Does the student require special education services? _____ Yes _____ No

Does the student have a current IEP? _____ Yes _____ No

If enrolled in special education classes, or specific desired classes, please list below:

_____ ; _____ ; _____ ; _____

Parent/Guardian Signature: _____

**APPLICATIONS MUST BE RECEIVED NO LATER THAN
3:00 P.M. ON FRIDAY, MAY 27, 2016, AT THE SUPERINTENDENT'S OFFICE,
LOUDONVILLE-PERRYSVILLE SCHOOLS, 210 EAST MAIN STREET,
LOUDONVILLE, OHIO 44842. Phone 419-994-3912**

REQUESTS WILL BE ACTED ON BY JUNE 17, 2016.

(For Office Use Only)

Received by: _____ Title: _____

Date: _____ Time: _____

Approved by: _____ Rejected: _____

Reasons: _____
