

**2023-2024 School Year**

**OPEN ENROLLMENT APPLICATION FORM**

Loudonville-Perrysville EVSD

IRN 045468

Date: \_\_\_\_\_

Full Name of Student: \_\_\_\_\_  
(First Name) (Middle Name) (Last Name)

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Student's City of Birth \_\_\_\_\_

Gender: \_\_\_\_ Race: \_\_\_\_ Native Language \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Complete Address: \_\_\_\_\_  
(Street Address) (City, State, Zip)

Phone: Mother \_\_\_\_\_ Father \_\_\_\_\_

County of Residence: \_\_\_\_\_

Name of School District of Residence: \_\_\_\_\_

Grade level for 2023-24 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: \_\_\_\_\_ Date: \_\_\_\_\_

**OPEN ENROLLMENT CLOSSES AT 4:00PM, THURSDAY, JUNE 1, 2023**

**Please mail to: Loudonville-Perrysville EVSD,  
c/o Bev Bilger, 210 East Main Street, Loudonville, OH 44842**

**SCAN TO: LOPR\_BILGER@TCCSA.NET**

**PHONE: 419-994-3912 Option 4**

**REQUESTS WILL BE ACTED UPON BY JULY 1, 2023.**

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*(For Office Use Only)*

Received by: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Approved by: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Rejected by: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Reason(s): \_\_\_\_\_

Effective Date: \_\_\_\_\_