



NORTHWESTERN LOCAL SCHOOL DISTRICT
Interdistrict Open Enrollment Application (No Tuition Cost)

Note: **This application must be returned by June 1** for priority consideration to:
Northwestern Board of Education, 7571 N. Elyria Rd, West Salem, OH 44287

Today's Date:_____ Student SS#:_____ Student Date of Birth:_____

Student's Name:_____

Parent/Guardian Name:_____

Complete Mailing Address:_____

Phone:_____ Applying for open enrollment for the _____ school year.

Present school district of residence:_____

School building presently attending:_____

Name of school building requested:_____

Grade level of student for the requested school year:_____

Student(s) must be enrolled in district of residence. Are they? Yes _____ No _____

Special Education Program (if applicable):_____

Total number of days suspended or expelled this semester:_____ last semester:_____

ODE Requirement: Birth City:_____ Native Language:_____

Mother's Maiden Name:_____

New High School students: please attach a copy of your latest grade card for scheduling purposes.

My signature certifies that I have read and understand the Interdistrict Open Enrollment Regulations and Guidelines. I understand that my child must be registered in my home district of residence.

Signature of Parent/Guardian:_____

(FOR OFFICE USE ONLY)

SSID#_____

Received by:_____ Date:_____ Time:_____

Approved:_____ Rejected:_____

Reason:_____

Signature of Official:_____