



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: _____