

INTERDISTRICT OPEN ENROLLMENT APPLICATION
2019-2020 School Year

NOTE: This application must be returned to the Superintendent's office no later than May 24, 2018.
Open enrollment is on a yearly basis; an application must be submitted each year.

Student's Name: _____

Student's Date of Birth: _____ Grade level of student in the upcoming school year: _____

Parent/Guardian's Name/Home Address: _____

(Street)

(City)

(State)

(Zip)

Home Phone No.: _____ Work Phone No.: _____

Ohio school district and building presently attending: _____

Ohio School district in which student lives: _____

Do you have any other family members currently enrolled in Goshen Schools _____ No _____ Yes

Names/Grade: _____

Please explain why are you reapplying or applying for the first time for Open Enrollment in
Goshen Schools? _____

Is the student enrolled in any special education programs or has the student been evaluated or referred
for special education? YES _____ NO _____

If yes, please explain: _____

Has the student been suspended for ten (10) or more days during this semester or the previous year, or
has the student been expelled? YES _____ NO _____

Is the student currently under a suspension/expulsion? YES _____ NO _____

If student will be in Grades 6-12, list all courses requested for 2019-2020:

- | | | |
|----------|----------|----------|
| 1. _____ | 2. _____ | 3. _____ |
| 4. _____ | 5. _____ | 6. _____ |
| 7. _____ | 8. _____ | 9. _____ |

Note: Falsification of any of the above information may result in the voiding of this
application/agreement.

Parent/Guardian Signature

Application Date

Applications for open enrollment for grades kindergarten through twelve will be acted upon no later
than June 7, 2018.

NOTE: GOSHEN LOCAL SCHOOL DISTRICT REQUIRES A TOTAL OF (22) CREDITS TO
COMPLETE GRADUATION.