

**WAYNESFIELD-GOSHEN LOCAL SCHOOL
INTERDISTRICT OPEN ENROLLMENT APPLICATION**

This application must be returned to the Waynesfield-Goshen District Board Office located at 500 North Westminster Street, Waynesfield, Ohio 45896.

DATE: _____ New _____ Renewal _____

Student's Full Legal Name: _____

Birth Date: _____ Birth City: _____

Ethnicity: ___ White ___ Black ___ Asian ___ Hispanic ___ Indian ___ Multiracial

Gender: ___ Male ___ Female Mother's Maiden Name: _____

Name of Legal Parent or Guardian: _____

Address: _____ P.O. Box _____

City: _____ Zip code: _____ County: _____

Home Phone: _____ Cell Phone: _____

Parent Signature: _____

Legal School District of Residence: _____

Current School District Attended: _____

Name of School District Requested: _____

Grade level of student for upcoming school year: _____ Current IEP in Place: ___ Yes ___ No

Have you ever been expelled from your home school district? ___ Yes ___ No

List any special needs: _____

Reason for transfer request: _____

**APPLICATIONS ARE ACCEPTED AT THE WAYNESFIELD-GOSHEN BOARD OF EDUCATION OFFICE,
500 NORTH WESTMINSTER ST., WAYNESFIELD, OHIO 45896.**

**REQUEST WILL BE ACTED UPON AND PARENTS, APPLICANTS, AND RESIDENT SCHOOL DISTRICT
NOTIFIED.**

**ONCE A STUDENT IS ACCEPTED AS A PARTICIPANT IN THE OPEN ENROLLMENT PROGRAM, THE
STUDENT SHALL INITIATE AND COMPLETE REQUIRED ENROLLMENT PROCEDURES.**

(office use only)

Received by: Name _____ Title _____

Date: _____ Time _____

Application Approved: _____ Application Rejected: _____

Determining Factors: _____

Signature of School Official: _____