



Oak Hill Union Local School District

2022-2023 Inter-District Open Enrollment Application

Please complete all sections. You must apply for open enrollment each year of attendance.

Today's Date: _____

Student First Name: _____ Student Last Name: _____

Parent/Guardian's Name: _____

Student's Date of Birth: _____ Gender: ☐ Male ☐ Female

Address: _____ City: _____ State: _____

Zip: _____ Phone: _____ Student's ID No.: _____

Grade level of student for upcoming school year: _____

In what school district do you live?: _____

School district presently attending: _____

Does your student receive any special education services? ☐ Yes ☐ No

If yes, please attach a current IEP and list the special education services needed.

Has the student been suspended or expelled from school any number of days during the previous school year? If yes, how many total days? ☐ Yes ☐ No Number of Days: _____

How many days of absences has the student had in the previous school year? _____

You will be issued a letter of acceptance upon approval. If your address changes at any time, please contact your child's school.

Parent/Guardian's Signature

(For Office Use Only)

Approval of Building Principal _____ Date: _____

☐ Approved ☐ Rejected

Comments: _____

Signature of Official: _____
(Superintendent's Signature)

Superintendent's Office Received _____ Date: _____

RETURN TO:

Oak Hill Union Local School District
Superintendent's Office
205 Western Avenue
Oak Hill, OH 45656

OR email to Alicia Shaner, Superintendent's Secretary at alicia.shaner@oakhill.k12.oh.us.

Falsification of information will void this application.