

2017 – 2018 School Year

OPEN ENROLLMENT APPLICATION FORM
Loudonville-Perrysville Exempted Village School District

Date: _____

Full Name of Student: _____
(First Name) (Middle Name) (Last Name)

Birth Date: _____ SSN #: _____

Student's City of Birth _____ Gender: _____ Race: _____

Mother's Maiden Name _____ Native Language _____

Parent/Guardian's Name: _____

Complete Address: _____
(Street Address) (City, State, Zip)

Phone: Home _____ Cell _____ Work _____

County of Residence _____

Name of school district of residence: _____

Grade level for 2017-18 school year: _____

Does the student require special education services? _____ Yes _____ No

Does the student have a current IEP? _____ Yes _____ No

If enrolled in special education classes, or specific desired classes, please list below:

_____ ; _____ ; _____ ; _____

Parent/Guardian Signature: _____

**APPLICATIONS MUST BE RECEIVED NO LATER THAN 3:00 P.M. ON FRIDAY, MAY 26, 2017,
AT THE SUPERINTENDENT'S OFFICE, LOUDONVILLE-PERRYSVILLE SCHOOLS, 210 EAST
MAIN STREET, LOUDONVILLE, OHIO 44842. Phone 419-994-3912**

REQUESTS WILL BE ACTED UPON BY JUNE 16, 2017.

(For Office Use Only)

Received by: _____ Title: _____

Date: _____ Time: _____

Approved by: _____ Rejected: _____

Reasons: _____
