

**2019 – 2020 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 2019-20 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 24, 2019,  
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 21, 2019.**

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*(For Office Use Only)*

Received by: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Approved by: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Rejected By: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Reason(s): \_\_\_\_\_

Effective Date: \_\_\_\_\_