

2022-2023 School Year

OPEN ENROLLMENT APPLICATION FORM

Loudonville-Perrysville EVSD

IRN 045468

Date: _____

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

Birth Date: _____ Student's City of Birth _____

Gender: _____ Race: _____ Native Language _____

Parent/Guardian's Name: _____

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

Phone: Mother _____ Father _____

County of Residence: _____

Name of school district of residence: _____

Grade level for 2022-23 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 20, 2022

PLEASE MAIL OR SCAN TO: LOUDONVILLE-PERRYSVILLE SCHOOLS,
c/o BEVBILGER, 210 EAST MAIN STREET, LOUDONVILLE, OHIO 44842

SCAN TO: LOPR_BILGER@TCCSA.NET

Phone 419-994-3912 Option 4

REQUESTS WILL BE ACTED UPON BY JUNE 30, 2022.

(For Office Use Only)

Received by: _____ Title: _____ Date: _____

Approved by: _____ Title: _____ Date: _____

Rejected By: _____ Title: _____ Date: _____

Reason(s): _____

Effective Date: _____