

For Office Use Only
Date Received: _____
Received By: _____



KENSTON

S C H O O L S

INTER-DISTRICT OPEN ENROLLMENT APPLICATION

Application Date: _____ Name of Student: _____

District of Residence: _____ Current School Attending: _____

District Requested: _____ School Requested: _____

Grade level of student for upcoming school year: _____

Date of birth: _____ Does your child have an Individual Education Plan (IEP) ___Yes ___No

Have you enrolled your child in his/her home school district? ___Yes ___No

Does the student have a sibling currently enrolled in the Kenston Local School District? ___Yes ___No
(if yes, please list below)

Does the student have a sibling(s) applying? ___Yes ___No (if yes, please list below)

Name(s)

Grade(s)

Name of parent(s) legal guardian: _____

Mailing address: _____

City: _____ State/Zip: _____ Cell Phone: _____

Applications for Open Enrollment transfers are approved for only ONE academic year and applicants must reapply for each successive year. Applicants must apply by February 15th for consideration. Determination letters will be mailed after May 1st.

Parent/Guardian signature: _____ Date: _____

Parent/Guardian name (printed): _____