

**LUCAS LOCAL SCHOOLS**  
**Interdistrict Open Enrollment Application**  
**2013-2014**

**Note: This application must be returned by June 28, 2013 to the Board of Education,  
Lucas Local Schools, 84 Lucas North Rd., Lucas, Ohio 44843 (419-892-2338).**

Date: \_\_\_\_\_ Student SS #: \_\_\_\_\_ Student Date of Birth: \_\_\_\_\_

Student's Name: \_\_\_\_\_  
Last First Middle

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Phone: \_\_\_\_\_ Applying for Open Enrollment beginning \_\_\_\_\_ school year.

**Present School District of Residence:** \_\_\_\_\_

School building presently attending: \_\_\_\_\_

Grade level of student for the requested year: \_\_\_\_\_

\*\* Is the student enrolled in the district of residence? Yes \_\_\_\_\_ No \_\_\_\_\_

Special Education Program/IEP (if applicable): \_\_\_\_\_

Has the applicant been suspended or expelled from school for ten or more consecutive days during the current or preceding term? Yes \_\_\_\_\_ No \_\_\_\_\_

**ODE Requirement:**

**Birth City/State:** \_\_\_\_\_ **Native Language:** \_\_\_\_\_

**Mothers Maiden Name:** \_\_\_\_\_

Desired classes or vocational program for next year: (High School Student only)

\_\_\_\_\_  
\_\_\_\_\_

My signature certifies that I have read and understand the Interdistrict Open Enrollment Regulations and Guidelines.  
\*\* I understand that my child **must** be registered in my school district of residence.

Signature of Parent/Guardian: \_\_\_\_\_

\*\*\*\*\*

**(For Office Use Only)**

Received by: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_  
Approved \_\_\_\_\_ Not Approved \_\_\_\_\_

Reason: \_\_\_\_\_

Signature of Official: \_\_\_\_\_ Copy to District of Residence: \_\_\_\_\_