

# Buckeye Local School District

6899 State Route 150

Dillonvale, Ohio 43917

Phone (740) 769-7395

## Inter District Open Enrollment Application

Please complete a separate application for each student. Return completed form to the office of the Superintendent at the above address.

School Year Applying For: 2022-2023 Grade Level: \_\_\_\_\_

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

Birthdate: \_\_\_\_\_ Birth City and State: \_\_\_\_\_

Student Social Security #: \_\_\_\_\_ Phone: \_\_\_\_\_

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

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

Address: \_\_\_\_\_  
Street/P.O. Box City, State Zip

School District of Residence: \_\_\_\_\_

Building Presently Attending: \_\_\_\_\_

Reason you wish to attend Buckeye Local: \_\_\_\_\_

Is Student enrolled in any special education or gifted programs? \_\_\_\_\_

If yes, Please explain:

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

If specific courses, list desired classes: \_\_\_\_\_, \_\_\_\_\_,  
\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

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

=====**For Buckeye Local School District Use Only**=====

Date Received: \_\_\_\_\_ Time Received: \_\_\_\_\_

Approved: \_\_\_\_\_ Rejected: \_\_\_\_\_ Reason(s) if rejected: \_\_\_\_\_

Signature of Superintendent Approving or Rejecting Application: \_\_\_\_\_