



**Inter-District Open Enrollment Application 2019-2020**

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*A separate application is needed for each student. A new application is required each year.*

Student's Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Gender: \_\_\_\_\_

Name of Parent(s) or Guardian(s): \_\_\_\_\_

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

Phone Number #1: \_\_\_\_\_ Phone Number #2: \_\_\_\_\_

Email address: \_\_\_\_\_

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

Anticipated Grade Level for 2019-2020 School Year: \_\_\_\_\_ Current School: \_\_\_\_\_

Ethnicity of Student:  No, Not Hispanic/Latino  Yes, Hispanic/Latino

Race of Student:  Asian  Hispanic/Latino  Native Hawaiian/other Pacific Islander  White/Caucasian

Black/African American  American Indian or Alaska Native  Multiracial

Is this student currently receiving Special Education services?  Yes  No

Is this student currently on a 504 Plan?  Yes  No

Is this student attending the JVS?  Yes  No

Has the student been suspended or expelled (this or previous semester)?  Yes  No

Why would you like to attend Galion City Schools?

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**SIGNATURE of Parent/Guardian**

**Date**

**APPLICATION MUST BE RECEIVED BY THE SUPERINTENDENT OF  
GALION CITY SCHOOLS NO LATER THAN 3 P.M. ON MAY 31, 2019.**

No student shall be denied admission to the Galion City School District or to a particular course or instructional program,  
or otherwise discriminated against for reasons of race, color, national origin, sex, disability or any other basis of unlawful discrimination.

BUILDING PRINCIPAL APPROVAL: \_\_\_\_\_ DATE: \_\_\_\_\_

SUPERINTENDENT APPROVAL: \_\_\_\_\_ DATE: \_\_\_\_\_

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