



New Lexington Schools

Interdistrict Open Enrollment Application

2549 Panther Drive

New Lexington, OH 43764

Phone: 740-342-4133 - Fax: 740-342-6051

Student _____ Grade Level _____

Student _____ Grade Level _____

Student _____ Grade Level _____

Parent Name(s):		Date:
Address:		
City:	State:	Zip:
Home Phone:		Cell Phone:
School District of Residence:		
School Building Presently Attending:		

Is the student enrolled in any special education or tutorial programs? Yes No

If yes, please explain: (if application is for more than one student, specify the student:

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If enrolling for specific high school classes, please list those classes:

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What is the reason you are requesting Open Enrollment?

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Parent Signature _____

FOR OFFICE USE ONLY

Approved

Rejected

Signature of Official _____ Date _____

Reason for Rejection: _____