



# New Lexington Schools

## Intradistrict Open Enrollment Application

2549 Panther Drive

New Lexington, OH 43764

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

The transfer of a student within the New Lexington City Schools shall be in accordance with the district's intradistrict open enrollment policy 5113.01. Because a large number of parents register students during the two weeks before school begins, applicants should be aware that decisions on intradistrict transfers may not be made before the third week of August.

Name(s) of child(ren) for which transfer is being requested:

Student \_\_\_\_\_ Grade Level \_\_\_\_\_

Student \_\_\_\_\_ Grade Level \_\_\_\_\_

Student \_\_\_\_\_ Grade Level \_\_\_\_\_

Do you have other children enrolled in the intradistrict open enrollment program?  Yes  No  
If yes, please list the names of children already enrolled in intradistrict open enrollment:

Student \_\_\_\_\_ Grade Level \_\_\_\_\_

Student \_\_\_\_\_ Grade Level \_\_\_\_\_

As briefly as possible, please state reasons for requesting that your child be transferred:

Have you had a conference with the principal where you child currently attends concerning the reason for the transfer:  Yes  No

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

Parent Name(s):	Date:
Address:	Phone:
School child currently attends: <input type="checkbox"/> Junction City <input type="checkbox"/> New Lexington	
School to which the request is being made to transfer child: <input type="checkbox"/> Junction City <input type="checkbox"/> New Lexington	

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### FOR OFFICE USE ONLY

Approved

Rejected

Signature of Official \_\_\_\_\_ Date \_\_\_\_\_

Reason for Rejection: \_\_\_\_\_