



**Berkshire Local School District**

14259 Claridon Troy Road

P.O. Box 364

Burton, OH 44021

**For Office Use Only**

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

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

Received by: \_\_\_\_\_

**INTRA-DISTRICT OPEN ENROLLMENT APPLICATION  
KINDERGARTEN – SIXTH GRADE  
2019/2020 School Year**

Applications for intra-district open enrollment are approved for only ONE academic year and applicants **must** reapply for each successive year.

**\*\*Please note:** Intra-district open enrollment must follow board approved guidelines on class and grade level size. Students living in the attendance area of school will be given first preference to attend that school. The Superintendent shall make the final determination on each transfer request.\*\*

Date of Application: \_\_\_\_\_

Name of Student: \_\_\_\_\_  
(Last) (First) (Middle)

Birth date: \_\_\_\_\_ Male \_\_\_\_\_ Female

District of Residence: \_\_\_\_\_ District Requested: \_\_\_\_\_

Attendance Area School: \_\_\_\_\_ School Requested:  Burton Elementary  
 Ledgesmont Elementary

Current Grade Level: \_\_\_\_\_ Grade Level Applying For: \_\_\_\_\_

Does your child have an Individual Education Plan (IEP)? \_\_\_\_\_ Yes \_\_\_\_\_ No

Has this student been suspended or expelled from attendance area school for 10 or more consecutive days during the past school year? \_\_\_\_\_ Yes \_\_\_\_\_ No

Parent/Guardian's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_  
(Home) (Work) (Cell)

**Proof of residency must be provided with the open enrollment application.**

Acceptable forms of documentation are: electric, gas, and/or tax bill.

Driver's licenses will not be accepted as proof of residency.

In the space provided below, give a statement of the reason you seek to Intra-District open enroll:

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**I CERTIFY BY MY SIGNATURE BELOW THAT THE INFORMATION SET FORTH ABOVE IS TRUE AND COMPLETE, THAT I WILL BE RESPONSIBLE FOR THE DAILY TRANSPORTATION OF THE STUDENT NAMED ABOVE TO AND FROM SCHOOL IN ACCORDANCE WITH THE RULES OF THE BOARD OF EDUCATION, AND THAT THE STUDENT WILL COMPLY WITH THE SAME RULES OF CONDUCT THAT APPLY TO ALL OTHER STUDENTS IN THE BERKSHIRE LOCAL SCHOOL DISTRICT.**

\_\_\_\_\_  
**Parent/Guardian Signature**

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TRANSCRIPT REQUESTED: \_\_\_\_\_ TRANSCRIPT RECEIVED: \_\_\_\_\_

Application: \_\_\_\_\_ Accepted \_\_\_\_\_ Rejected

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

Date of Parent/Superintendent Notification: \_\_\_\_\_

Signature of Superintendent: \_\_\_\_\_