



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: _____

**INTER-DISTRICT OPEN ENROLLMENT APPLICATION
KINDERGARTEN – TWELFTH GRADE
2018/2019 School Year**

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

****All applicants must provide proof of residency documentation ****
Grades 7-12 applicants please include a copy of current report card.

Date of Application: _____

Name of Student: _____
(Last) (First) (Middle)

Birth date: _____ Male _____ Female

District of Residence: _____ District Requested: _____

Current School Attending: _____ School Requested: Berkshire Jr./Sr. High
 Burton Elementary Ledgesmont Elementary

Current Grade Level: _____ Grade Level Applying For: _____

Have you enrolled your child in his/her home school district? _____ Yes _____ No

Does your child have a 504 Plan? _____ Yes _____ No or Individual Education Plan (IEP)? _____ Yes _____ No
(if yes, please include current IEP)

Has this student been suspended or expelled from 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.

If enrollment is for Auburn Career Center, indicate below:

In the space provided below, give a statement of the reason you seek to enroll in the Berkshire Local Schools:

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: _____