



**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  
2019/2020 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, discipline/behavior records and a copy of student's 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:**

Acceptable forms of proof of residency are: lease/purchase agreement, current utility bill (such as electric/gas), and/or property tax bill. Driver's licenses are not accepted as proof of residency.

If enrollment is for Auburn Career Center, indicate below:

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

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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.**

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**Parent/Guardian Signature**

**Applicants will receive notification by June 15, 2019.**

**Open enrollment will be based on a first-come, first serve basis. All required documentation must be provided in order for the open enrollment application to be accepted.**

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

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

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

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

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

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