



**BERKSHIRE BOARD OF EDUCATION**  
P.O. BOX 364  
BURTON, OH 44021  
**INTERDISTRICT ENROLLMENT APPLICATION**  
**(2011/2012 SY - GRADES 7-12 ONLY)**



Receipt

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

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

Signature: \_\_\_\_\_

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

Birth date: \_\_\_\_\_

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

S.S. Number: \_\_\_\_\_

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

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

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

Current School District of **Residence**: \_\_\_\_\_

Current School District **Attended**: \_\_\_\_\_

Current **School** Attended: \_\_\_\_\_

**Current** Grade Level: \_\_\_\_\_

Grade Level for which you are **applying**: \_\_\_\_\_  
**(Restricted to Grades 7-12)**

HAS THIS STUDENT BEEN SUSPENDED OR EXPELLED FROM SCHOOL FOR 10 OR MORE CONSECUTIVE DAYS DURING THE PAST SCHOOL YEAR? \_\_\_\_\_ YES \_\_\_\_\_ NO

Is the student now in a special education program? \_\_\_\_\_ YES \_\_\_\_\_ NO

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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**All applications for admission for the following year will not be accepted AFTER August 19th**

**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 ON THE BERKSHIRE SCHOOL DISTRICT.**

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**Parent/Guardian Signature**

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**For Office Use Only**

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

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

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

\_\_\_\_\_ Rejected

Reason for rejection: \_\_\_\_\_

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

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