



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
2021/2022 School Year**

Applications for intra-district open enrollment are approved for only ONE academic year and applicants **must** reapply for each successive year. Proof of residency documentation must be provided.

****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.**

Please print clearly.

Date : _____

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

Birth date: _____ Male Female

District of Residency: Berkshire Local Schools District Requested: Berkshire Local School District

Attendance Area School: Burton Elementary School Requesting: Burton Elementary
 Ledgemont Elementary Ledgemont Elementary

Current Grade Level: _____ Grade for 2020-2021 School Year: _____

Does this child have a:

504 Plan? Yes No **and/or** receive services under an Individual Education Plan (IEP)? Yes No

Has this student been suspended, expelled or permanently excluded from school for 10 or more consecutive days during the past school year? Yes No

Parent/Guardian Name(s): _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____
(Home) (Work) (Cell)

If student is not living with both parents, who has residential custody? _____

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

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

Proof of residency:

Acceptable forms of proof of residency are: current lease/purchase agreement, current utility bill (e.g.: electric/water/gas), and/or property tax bill.

A driver's license cannot be used as proof of residency.

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TRANSCRIPT REQUESTED: _____ TRANSCRIPT RECEIVED: _____

Application: _____ Accepted _____ Rejected

Reason for Rejection: _____

Date of Parent/Superintendent Notification: _____

Signature of Superintendent: _____