

# WILLIAMSBURG LOCAL SCHOOL DISTRICT

549-A West Main Street

Williamsburg, Ohio 45176-1110

## INTERDISTRICT OPEN ENROLLMENT APPLICATION 2019-2020 School Year

Name Student: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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

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

\_\_\_\_\_

City

State

Zip Code

Telephone ( ) \_\_\_\_\_  
Home or Cell

Telephone ( ) \_\_\_\_\_  
Work or Other Contact

Please Circle Your School District of Residence:

Batavia LSD,

Bethel-Tate LSD,

Clermont Northeastern LSD,

Western Brown LSD

West Clermont LSD

Name of District Not Listed: \_\_\_\_\_

School District Currently Attending: \_\_\_\_\_

District Building Currently Attending: \_\_\_\_\_

Dates Enrolled at Current District: \_\_\_\_\_

Grade Level of Student in the Previous School Year [2018-2019 SY] : \_\_\_\_\_

Is Student Enrolled in any Special Education or Tutorial Programs? Yes or No (circle response)

If yes, please explain: \_\_\_\_\_

If student will be in Grades 6-12, list all courses requested:

- |          |          |          |
|----------|----------|----------|
| 1. _____ | 2. _____ | 3. _____ |
| 4. _____ | 5. _____ | 6. _____ |
| 7. _____ | 8. _____ | 9. _____ |

Proof of residency document must contain the parent/guardian name, current address and the full date. The date should be current (within 60 days). One of the following forms of a POR are acceptable:

1. Gas
2. Water
3. Sewer
4. Cable/Internet
5. Monthly mortgage statement
6. Lease/rental agreement (the entire document including the signatures of both parties)
7. Residency Affidavit completed and notarized.

**FORM CONTINUED ON THE BACK OF THIS PAGE**

**NOTE:**

This Application in Order to Be **RECEIVED** by the District  
Application Must Have a **CURRENT PROOF OF RESIDENCY (POR)**  
and Submitted to the Superintendent's Office  
NOT Later than **FRIDAY, MAY 17, 2019.**

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

\_\_\_\_\_  
Date

*No student shall be denied admission to the Williamsburg Local School District or to a particular course or instructional program or otherwise discriminated against for reasons of race, color, national origin, sex, disability, or any other basis of unlawful discrimination.*

**END OF APPLICATION**

**(For Office Use Only)**

\_\_\_\_\_  
Complete Open Enrollment Application  
Received by:

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time

Application was Approved \_\_\_\_\_

Application was Denied \_\_\_\_\_

Reason(s) for Denial of Application:  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Official:

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

Office Follow up After Determination:

\_\_\_\_\_ Telephone call was placed to parent/guardian on: \_\_\_\_\_

\_\_\_\_\_ Correspondence sent to parent/guardian on: \_\_\_\_\_

\_\_\_\_\_ Other: \_\_\_\_\_

**FORM CREATED: June 26, 2001**

**FORM REVISED: 02/11/2019, 02/12/2018, 02/13/2017, 02/08/2016, 03/16/2015, 03/17/2014, 07/21/2008, 03/15/2004, 12/15/2003, 01/13/2003, and 01/07/2002**