# Licking Valley Local Schools
# 2022-2023 Open Enrollment Application

**Office Use Only**
Date Rec'd _____
Time_____
By_____
Student ID#_____

**_____Renewal Application**
**(Deadline is April 1, 2022)**

**_____New Application**
**(Deadline is May 27, 2022)**

Student Name: _____ DOB: _____ Gr. Level **NEXT** school year: _____

Male____ Female____ **District of Legal Residence:** _____

Name of Custodial Parent/Guardian: _____

Mailing Address: _____

Physical Address: _____
(Only if different than mailing address)

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Reason for request: _____

_____

Name and grade level of other siblings enrolled or requesting Open Enrollment in Licking Valley Local Schools:

Name: _____ Grade: _____

Name: _____ Grade: _____

Name: _____ Grade: _____

1. Has this student been expelled or suspended for 10 or more days during the preceding school year? __Yes __ No
2. Will this student be attending C-TEC (Career & Technology Education Center of Licking County)? __Yes __ No
3. Does this student's education program include an IEP or 504 Plan? __Yes __ No
4. Are you requesting transportation within the boundaries of the Licking Valley Local School District? __Yes __ No
5. Are you a Licking Valley graduate? __Yes __No Class of: _____
6. Is your spouse a Licking Valley graduate? __Yes __No Class of: _____

- **All new applicants must attach a complete immunization record, birth certificate, a recent official transcript or record of achievement, a current IEP for special education and a record of any suspensions or expulsions from the current and/or previous school term. If you are an appointed guardian or the custodial parent for school purposes, please attach the appropriate court documents. All forms MUST be attached to be considered. Qualified applicants will be admitted based on building, grade level, and program capacity. All students must be registered in their resident school district (where you live.) Falsification of information will result in the rejection or termination of transfer.**
  ***Renewal must have a proof of residency**

**As stated in the Administrative Guidelines, Licking Valley Local School District is not responsible for providing bus service to students attending under the Open Enrollment Policy. The District may consider transportation only within district limits or if space on bus is available. Please note that you must apply for Open Enrollment each year and approval is based on student/teacher ratios and other criteria stated in the guidelines. Qualified applicants will be admitted based on building, grade level and program capacity. The district will notify you, in writing, of approval or denial of this request.**

Pick-up/drop-off address: _____
Name of Family/Daycare: _____

**Signature of Parent/Guardian**: _____ Date: _____

- **Return this form to:** **Licking Valley Local Schools**
  **District Office/Open Enrollment**
  **1379 Licking Valley Rd. NE, Newark, OH 43055**

**>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>OFFICE USE ONLY>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>**

___Approved ___Disapproved

Principal's Signature: _____ Date: _____

Reasons: _____

Superintendent's Signature: _____ Date: _____