Licking Valley Local Schools 2024-2025 Open Enrollment Application

Office Use Only Date Rec'd
Date Rec d
Time
By
Student ID#

____Renewal Application (Deadline is March 29, 2024)
*Renewal must have a proof of residency

and ALL fees must be paid

____New Application (Deadline is May 17, 2024)

Student Name:		DOB:	Gr. Level 24/25 school	year:
Male	Female	District of Legal Residence:		
Name of	Custodial Parer	nt/Guardian:		
Mailing A	Address:			
Physical	Address:			
		(Only if different than mailing address)		
Home Ph	hone:	Work Phone:	Cell Phone:	
Reason f	for request:			
Name ar	nd grade level of	other siblings enrolled or requesting Open Enrolln	nent in Licking Valley Local Sch	ools:
	Name:		Grade:	
	Name:		Grade:	
	Name:		Grade:	_
 2. Will th 3. Does 4. Are yo 5. Are yo 6. Is your All r tran from purpapping As state 	nis student be at this student's ecourequesting trace a Licking Valler spouse a Licking valler spouse a Licking trace a lickin	n expelled or suspended for 10 or more days during tending C-TEC (Career & Technology Education Coducation program include an IEP or 504 Plan? cansportation within the boundaries of the Licking Very graduate? In a Valley graduate? In a Valley graduate? In a Valley graduate? In a Valley graduate immunization record, In a Career in a Care	Zenter of Licking County)? alley Local School District? —Yes —No —Yes —No cirth certificate, proof of residention and a record of any substanted guardian or the custodians MUST be attached to be considered and a result in the rejection of District is not responsible for the control of the custodians of the custodi	Class of: lency, a recent official spensions or expulsions I parent for school onsidered. Qualified must be registered in their or termination of transfer.
student/ basis. Q	teacher ratios a lualified applica	ole. Please note that you must apply for Open E and other criteria stated in the guidelines. To b ants will be admitted based on building, grade I or denial of this request.	e clear, open enrollment acce	ptance is on a year to year
Pick-up/o	drop-off address Family/Daycare	: :		
Signatur	re of Parent/Gu	ardian:	Date:	

Superintendent's Signature: _____ Date: _____