

**BETHEL-TATE LOCAL SCHOOL DISTRICT
INTERDISTRICT OPEN ENROLLMENT APPLICATION
2009-2010 School Year**

675 West Plane Street, Bethel, OH 45106 513-734-2271

Name Student : _____ Date of Birth: _____ SSN#: _____

Parent/Guardian's Name: _____

Address: _____

_____ City

_____ State

_____ Zip Code

Telephone () _____ Home Telephone () _____ Work Telephone () _____ cell

Please List Your School District of Residence: _____

School Building Last Attended: _____

Grade Level of Student in 2008 -2009 (prior school year) _____

Is Student Enrolled in any Special Education or Tutorial Programs? _____

Does your child have an IEP? _____

Does your child have a 504? _____

If you answered yes to either of the above questions, a copy of the student's latest IEP/MFE or 504 plan must be submitted with this application before it will be considered.

Has the student been suspended or expelled during the previous or current year? _____ Yes _____ No

If yes, please explain: _____

Parent/Guardian Signature

Date

APPLICATION MUST BE RECEIVED AT SUPERINTENDENT'S OFFICE NOT LATER THAN JUNE 5, 2009

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(For Office Use Only)

Received by: _____ Date _____ Time _____

Application Approved _____ Rejected _____

Reasons: _____

Signature of Official: _____ Date: _____

No student shall be denied admission to the Bethel-Tate Local Schools 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.