

**BRIGHT LOCAL SCHOOL DISTRICT**  
**District IRN - 047613**  
**INTERDISTRICT OPEN ENROLLMENT APPLICATION**

Student's Full Name \_\_\_\_\_ S.S. \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Sex: M \_\_\_ F \_\_\_ Home Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_ Race \*\* \_\_\_\_\_

Birth City of Student \_\_\_\_\_ Mother's Maiden Name \_\_\_\_\_

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

Present School District of Residence \_\_\_\_\_

School Presently Attending \_\_\_\_\_ Grade Level 2021/22 Sch. Year \_\_\_\_\_

Is the student enrolled in any special education, tutorial programs, has been evaluated for or has been referred to special education? Circle: Yes or No

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

Note: Please attach I.E.P.

Has the student been suspended for ten (10) or more consecutive days or expelled during this or the previous semester? Circle Yes or No

If specific high school courses are desired, list classes: (open enrollment acceptance does not guarantee that every course requested will be available).

\_\_\_\_\_ ; \_\_\_\_\_ ; \_\_\_\_\_ ; \_\_\_\_\_ ; \_\_\_\_\_

**A proof of address must be provided with each open enrollment application.**

**Applications must be received by August 1 of the requested school year**

**Student must meet the requirements for graduation from the district for which they have been accepted.**

**Misinformation or falsification of any of the above information may result in the voiding of this application and the student being returned to his district of residence.**

**\*\*Required data as per Senate Bill 140 – Inter-district Open Enrollment**

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

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

Return to:  
Bright Local School District  
P.O. Box 299  
Mowrystown, Ohio 45155  
Fax: 937-442-6655  
cathy.forsythe@blsd.us

(For Office Use Only)

Received by: \_\_\_\_\_ Date \_\_\_\_\_

Approved: \_\_\_\_\_ Denied \_\_\_\_\_ Reasons \_\_\_\_\_

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

SSID: \_\_\_\_\_