

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 2023/24 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 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: _____