



*Love Those Quakers!*

# Salem City Schools

Superintendent's Office  
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Salem, Ohio 44460  
(330)332-0316 ext. 58212

<b>FOR OFFICE USE ONLY</b>		
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Received By	_____	

## 2020-2021 Inter-district Open Enrollment Application

(This form is for students whose custodial parents reside **out** of the Salem School District.)

### APPLICATIONS MUST BE RETURNED TO THE OFFICE OF THE SUPERINTENDENT **BEFORE MAY 1, 2020.**

**Applications will be considered as space and program availability exists.**

**\*GUARDIANS(S) PLEASE REGISTER YOUR CHILD IN THE SCHOOL DISTRICT IN WHICH YOU RESIDE.**

Name of Student \_\_\_\_\_ Birthdate \_\_\_\_\_  
(First) (Middle) (Last)

Parent/Guardian's Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Student's Social Security # \_\_\_\_\_ Home Phone # \_\_\_\_\_

\*District of Residence \_\_\_\_\_ County \_\_\_\_\_ Grade Level Completed \_\_\_\_\_

Did your child attend Salem Schools under open enrollment during the 19/20 school year? \_\_\_\_\_

School district student last attended \_\_\_\_\_

Is this student a special needs student with an IEP? (example: SLD, CD, Speech, SBH) \_\_\_\_\_

Has student been suspended or expelled during the 2019/20 year? \_\_\_\_\_ Yes \_\_\_\_\_ No

If you have recently changed your address, please indicate the date you moved out of Salem \_\_\_\_\_

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

(FOR OFFICE USE ONLY)		
APPROVED _____	REJECTED _____	DATE _____
ASSIGNED TO GRADE _____	BUILDING _____	FOR 2020/2021
REASON FOR REJECTION _____		
SUPERINTENDENT'S SIGNATURE _____		