

**STEUBENVILLE CITY SCHOOLS
INTERDISTRICT OPEN ENROLLMENT APPLICATION**

Application Date _____

School Requested _____ Name of Student _____

Race _____ Social Security # _____ Grade Level for upcoming year _____

School District of Residence: _____ School Attended: _____

Parent(s)/Guardian(s) Name _____

Address _____ E-Mail _____

City _____ State _____ Zip _____

Phone _____
Home _____ Work _____

Multiple Applications

| Student | School Requested | Social Security # | Race | Grade Level for upcoming school year |
|---------|------------------|-------------------|------|--------------------------------------|
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If enrolling for special high school courses or special education courses, list desired classes:

| Student | Class/Course | Class/Course | Class/Course |
|---------|--------------|--------------|--------------|
| | | | |
| | | | |
| | | | |

Parent(s)/Guardian(s)

Signature _____

APPLICATION MUST BE RECEIVED BY THE SUPERINTENDENT'S OFFICE NO LATER THAN JUNE 1ST OF THE CALENDAR YEAR.

(For Office Use Only)

Interdistrict Enrollment Application

Application Origin _____ Received by _____

Date _____ Time _____

Approved by _____ Rejected by _____

No student shall be denied admission to the Steubenville 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.

Forward To: Mrs. Melinda Young
Superintendent of Schools
West Adams & Lawson Ave., P.O. Box 189
Steubenville, OH 43952