

STEUBENVILLE CITY SCHOOLS

INTRADISTRICT OPEN ENROLLMENT APPLICATION

Application Date _____

Name of Student _____ Race _____

Name of current school attending _____

Name of school requested _____

Grade level of student for upcoming school year _____

Name of parent(s)/guardian(s) _____

Address _____

City

State

Zip

Phone _____

Home

Student's Social Security #

Work

APPLICATION MUST BE RECEIVED BY THE SUPERINTENDENT NO LATER THAN APRIL 23RD OF THE CALENDAR YEAR.

PARENT NOTIFICATION:

Date _____ Time _____

Approved _____ Rejected _____ Reason _____

(FOR OFFICE USE ONLY)

Intradistrict Enrollment Application

Application Origin _____

Date Received _____

Time Received _____

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
1400 West Adams, P. O. Box 189
Steubenville, OH 43952