



**LIBERTY-BENTON LOCAL SCHOOLS**

**OPEN ENROLLMENT APPLICATION FORM 2023-2024 SCHOOL YEAR**

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade Level (23-24) \_\_\_\_\_

Parent(s)/Guardian(s) Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Student address: \_\_\_\_\_ City: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Name of School District where you reside: \_\_\_\_\_ School Currently Attending: \_\_\_\_\_

Are other children from the same family applying for transfer?  Y  N

**(A form must be completed for each applicant)**

Name of Student: \_\_\_\_\_ Grade Level (2023-2024) School Year: \_\_\_\_\_

Name of Student: \_\_\_\_\_ Grade Level (2023-2024) School Year: \_\_\_\_\_

If you are requesting transfer to Liberty-Benton High School, list desired courses: \_\_\_\_\_;  
\_\_\_\_\_;

Are you currently under a suspension or expulsion for 10 consecutive days or more?  Y  N

Have you been suspended or expelled in either the current or preceding semester?  Y  N

Does your educational program include a tutoring or 504/Individualized Education Plan?  Y  N

**A COPY OF THE CURRENT INDIVIDUALIZED EDUCATION PLAN MUST BE ATTACHED**

I, the parent/guardian, understand that I must reapply yearly for open enrollment; and if I do not reapply, my child will return to and attend his/her home district school.

Reason(s) for attending Liberty-Benton: \_\_\_\_\_

**(Use reverse side if necessary)**

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

**This open enrollment form will be accepted at the Superintendent's Office, hours 8:00-4:30, through the mail, or faxed to (419) 422-5108, February 1, 2023 through September 5, 2023. Questions can be directed to (419) 422-8526 or [swright@liberty-benton.org](mailto:swright@liberty-benton.org)**

**FOR OFFICE USE ONLY:**

Application received: Date \_\_\_\_\_ Time \_\_\_\_\_ Received by: \_\_\_\_\_

Parent/Employee Agreement Letter Issued Date: \_\_\_\_\_ Returned Date: \_\_\_\_\_

Approved by: \_\_\_\_\_  Rejected by: \_\_\_\_\_ Date: \_\_\_\_\_