



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 awhitman@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: _____