



**BATH LOCAL SCHOOLS
OPEN ENROLLMENT APPLICATION
(2026-2027 School Year)**

Date: _____

New Applicant or Renewal: _____
(Renewal applicants are not guaranteed a spot)

2026-27 Grade Level: _____

APPLICATION DEADLINE: MAY 1, 2026

A SEPARATE APPLICATION MUST BE COMPLETED FOR EACH STUDENT SEEKING OPEN ENROLLMENT

Full name of student: _____
(as on birth certificate) (First) (Middle) (Last)

Sex: _____ Date of Birth: _____ Birthplace (as on birth certificate): _____

Parent/Guardian Name: _____
(Please print) (First) (Middle) (Last)

Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Relationship to student: _____

Please list all school aged siblings (even if not applying to open enroll at Bath Local Schools):

Name: _____ Grade: _____ Current School: _____

School District of Residence (**student must be registered in home district**): _____

What school does your student currently attend? _____

Requested District of Attendance: _____ **BATH LOCAL SCHOOLS** District IRN: **045765**

Reason for transfer request: _____

Is your child currently on an IEP or have a disability? Yes: _____ No: _____ If yes, what disability? _____

Has your child been expelled or suspended from school? Yes: _____ No: _____ If yes, was it for 10 consecutive days? _____

A copy of Bath Local Schools Open Enrollment Policy is available upon request.

Signature of Parent/Guardian

Date

RETURN APPLICATION TO:

**BATH ADMINISTRATION, LORI GRIFFITHS:
2650 BIBLE RD, LIMA, OH 45801.**

The deadline is May 1st, 2026. Questions? 419-221-0807 x 6152

FOR OFFICE USE ONLY

Approved: _____ Denied: _____ Date: _____