



**BATH LOCAL SCHOOLS**  
**OPEN ENROLLMENT APPLICATION**  
**(2024-2025 School Year)**

Date: \_\_\_\_\_

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

2024-25 Grade Level: \_\_\_\_\_

**APPLICATION DEADLINE: MAY 1, 2024**

**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 (City & State, 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: \_\_\_\_\_

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Current School: \_\_\_\_\_

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Current School: \_\_\_\_\_

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 your child expelled for 10 consecutive days during the current or preceding school term? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Bath Local Schools **will not** provide bus transportation for open enrollment students. A copy of Bath Local Schools Open Enrollment Policy is available upon request. One proof of residence is required to process this application.

\_\_\_\_\_  
**Signature of Parent/Guardian**

\_\_\_\_\_  
**Date**

**RETURN APPLICATION, WITH ONE PROOF OF RESIDENCE, TO: BATH ADMINISTRATION, LORI GRIFFITHS:  
 2650 BIBLE RD, LIMA, OH 45801. The deadline is May 1<sup>st</sup>, 2024. Questions? 419-221-0807 x 6152**

**FOR OFFICE USE ONLY**

Received by: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Signature of Principal \_\_\_\_\_

Approved: \_\_\_\_\_ Denied: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Superintendent \_\_\_\_\_

Reason(s): \_\_\_\_\_

\_\_\_\_\_