



**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 1st, 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): _____
