



**BATH LOCAL SCHOOLS  
OPEN ENROLLMENT APPLICATION  
(2025-2026 School Year)**

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

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

2025-26: Grade Level: \_\_\_\_\_

**APPLICATION DEADLINE: MAY 1, 2025**

**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: \_\_\_\_\_

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 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 1<sup>st</sup>, 2025. Questions? 419-221-0807 x 6152**

**FOR OFFICE USE ONLY**

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