

**BRISTOL LOCAL SCHOOL DISTRICT**

**1845 Greenville Road PO Box 260**

**Bristolville, Ohio 44402**

Mr. Christopher Dray  
Superintendent

(330) 889-3882  
FAX (330) 889-2529

**OPEN ENROLLMENT APPLICATION**  
**School Year 2017-2018**

**APPLICATIONS WILL BE ACTED ON IN THE ORDER IN WHICH THEY ARE RECEIVED**

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

Student's Name: \_\_\_\_\_ Student's SS#: \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Telephone #: \_\_\_\_\_ Other #: \_\_\_\_\_

School District you live in: \_\_\_\_\_

School District you currently attend: \_\_\_\_\_

Address of current school: \_\_\_\_\_

Student's Present Grade: \_\_\_\_\_ Grade for 2017-2018: \_\_\_\_\_

Is the student enrolled in a special education program? \_\_\_\_\_ Yes \_\_\_\_\_ No

STUDENTS ARE NOT ACCEPTED IF SUSPENDED OR EXPELLED FROM SCHOOL FOR 10 OR MORE DAYS DURING THE PAST SCHOOL YEAR.

I CERTIFY BY MY SIGNATURE BELOW THAT THE INFORMATION SET FORTH ABOVE IS TRUE AND COMPLETE, THAT I WILL BE RESPONSIBLE FOR THE DAILY TRANSPORTATION OF THE STUDENT NAMED ABOVE TO AND FROM SCHOOL IN ACCORDANCE WITH THE RULES OF THE BOARD OF EDUCATION, AND THAT THE STUDENT WILL COMPLY WITH THE SAME RULES OF CONDUCT THAT APPLY TO ALL OTHER STUDENTS IN THE BRISTOL LOCAL SCHOOL DISTRICT.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**For office use only: Received by: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_**

\_\_\_\_\_ **Approved** \_\_\_\_\_ **Rejected** \_\_\_\_\_ **Superintendent** \_\_\_\_\_

\_\_\_\_\_ **Principal** \_\_\_\_\_

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

**Copies to:** \_\_\_ **Educating District (Superintendent's Office)** \_\_\_ **Resident District**

\_\_\_ **Parent** \_\_\_ **HS/Elem Office**