



Bristol Local School

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Christopher J. Dray, Superintendent
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OPEN ENROLLMENT APPLICATION School Year 2024-2025

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

Date: _____

Student's Name: _____ DOB: _____

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 2024-2025: _____

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

___ HS/Elem Principal