

St. Henry Consolidated Local Schools
391 E. Columbus St., St. Henry, OH 45883
Inter-District Open Enrollment Application
2025-2026 School Year
APPLICATION DEADLINE: APRIL 30, 2025

Student Name: _____ Date: _____

Parent/Guardian Name: _____

Address: _____ City: _____ Zip: _____

Phone: _____ Current Grade Level: _____

Birth Date: _____ Do you currently attend St. Henry through open enrollment? Yes or No

District of Residence: _____

Requested District of Residence: St. Henry

Does child have an Individual Education Plan (IEP) or equivalent? Yes or No

Does child have special needs? Yes or No If yes, please explain _____

Has student been expelled or suspended from school? Yes or No

*For high school students applying for first time open enrollment:

Number of high school credits you will earn at the end of the 2024-25 school year: _____

Other family members seeking open enrollment (use back if needed)

Name _____ Current Grade Level _____

Name _____ Current Grade Level _____

Name _____ Current Grade Level _____

My/our signature(s) indicate(s) awareness that completion of this application does NOT provide any permission to change district of attendance. It is merely a request to do so. I/we further understand that notice of approval/denial will be received no later than June 30, 2025.

My/our signature(s) indicate(s) that administrators of our district and the district where attendance is desired may exchange any and all information and records relative to my child.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

Office Use Only

Received by: _____ Date: _____ Time: _____

Approved: _____ Denied: _____ Date: _____

Superintendent's Signature: _____

Reason(s): _____
