



WILLIAMSBURG LOCAL SCHOOL DISTRICT INTERDISTRICT OPEN ENROLLMENT APPLICATION
Completed application and required forms must be returned to the
Williamsburg Board of Education, Superintendent's Office, 549-A West Main Street, Williamsburg, OH 45176

Open Enrollment Policy for the 2024-2025 School Year is available online at www.burgschools.org.

Applications will be accepted between the dates of February 12, 2024 and May 10, 2024 for the 2024-2025 school year.

Student Name: _____ Date of Birth: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Phone No.: _____ Email: _____

School District in which you reside (**District of Residence**)

- Batavia LSD Bethel Tate LSD Clermont Northeastern LSD Western Brown LSD West Clermont LSD
 Other, Name of District of Residence _____

School District and Building **Currently Enrolled** _____

Grade Level School Year **2023-2024** _____ **Anticipated Grade Level 2024-2025** _____

- Has this student ever attended Williamsburg Schools?
 Yes No If Yes, last year of attendance _____
- Is the student currently being served on an ETR\IEP\504 from his/her current school?
 Yes No If Yes, **attach copy**
- Has this student been suspended or expelled from school during the current or previous school year?
 Yes No If Yes, how many days _____

If student will be in **Grades 9-12**, list all courses requested below:

Application must have a CURRENT PROOF OF RESIDENCE (POR)

Proof of residency document must contain the parent/guardian name, current address and the full date. The date should be current (within 60 days). One of the following forms of a POR are acceptable:

- Utility Bill (Gas, Electric, Water, Sewer, Cable, Internet)
- Monthly Mortgage Statement
- Lease/Rental Agreement (entire document including the signatures of both parties)

I have read and understand the Williamsburg Local School District Policy pertaining to the Interdistrict Open Enrollment of my child into the Williamsburg Local School District. **I have attached a Current Proof of Residency (POR) with my application.**

Parent/Guardian Signature: _____ Date: _____

No student shall be denied admission to the Williamsburg Local School District or to a particular course or instructional program or otherwise discriminated against for reasons of race, color, national origin, sex, disability, or any other basis of unlawful discrimination.

FOR OFFICE USE ONLY

Received by: _____ Date: _____ Time: _____ Approved Denied Reason(s): _____

Signature of Official: _____ Date: _____

Follow up After Determination

Correspondence sent on _____ Telephone call placed on _____ Other _____