



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 2023-2024 School Year is available online at [www.burgschools.org](http://www.burgschools.org).

**Applications will be accepted between the dates of February 13, 2023 and May 12, 2023 for the 2023-2024 school year.**

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone No.: \_\_\_\_\_ (home/cell) \_\_\_\_\_ (work/other)

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 **2022-2023** \_\_\_\_\_ **Anticipated Grade Level 2023-2024** \_\_\_\_\_

- 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 6-12**, 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)
- Residency Affidavit (completed and notarized)

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: \_\_\_\_\_

\_\_\_\_\_ Application Approved

\_\_\_\_\_ Application Denied

Reason(s) for Denial of Application: \_\_\_\_\_

Signature of Official: \_\_\_\_\_ Date: \_\_\_\_\_

Office Follow up After Determination to the Parent/Guardian

\_\_\_\_\_ Telephone call placed on \_\_\_\_\_

\_\_\_\_\_ Correspondence sent on \_\_\_\_\_

\_\_\_\_\_ Other \_\_\_\_\_