



Love Those Quakers!

Salem City Schools

Superintendent's Office
1226 East State Street
Salem, Ohio 44460
(330)332-0316 ext. 58212

FOR OFFICE USE ONLY		
___ Postmark	___ In Person	___ Fax
Date Received	_____	
Time Received	_____	
Received By	_____	

2024-2025 Inter-district Open Enrollment Application

(This form is for students whose custodial parents reside out of the Salem School District.)

APPLICATIONS MUST BE RETURNED TO THE OFFICE OF THE SUPERINTENDENT BEFORE MAY 1, 2024.

Applications will be considered as space and program availability exists.

Name of Student _____ Birthdate _____
(First) (Middle) (Last)

Parent/Guardian's Name _____

Address _____ City _____ Zip _____

Parents/Guardian Cell # _____ Home Phone # _____

*District of Residence _____ County _____ Grade Level Completed _____

Did your child attend Salem Schools under open enrollment during the 23/24 school year? _____

School district student last attended _____

Is this student a special needs student with an IEP? (example: SLD, CD, Speech, SBH) _____

Has student been suspended or expelled during the 2023/24 year? _____ Yes _____ No

If you have recently changed your address, please indicate the date you moved out of Salem _____

Parent/Guardian's Signature _____ Date _____

(FOR OFFICE USE ONLY)		
APPROVED _____	REJECTED _____	DATE _____
ASSIGNED TO GRADE _____	BUILDING _____	FOR 2024/2025
REASON FOR REJECTION _____	_____	
SUPERINTENDENT'S SIGNATURE _____	_____	