



# Salem City Schools

Superintendent's Office  
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## 2025-2026 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, 2025.**

**Applications will be considered as space and program availability exists.**

Name of Student \_\_\_\_\_ Birth Date \_\_\_\_\_  
(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 24/25 school year? \_\_\_\_\_

School district the student last attended \_\_\_\_\_

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

Has the student been suspended or expelled during the 2024/25 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 2025/2026
REASON FOR REJECTION _____	_____	
SUPERINTENDENT'S SIGNATURE _____	_____	