



Carey Exempted Village Schools



2016 Blue Devil Drive
Carey, Ohio 43316

Phone:419-396-7922 Fax:419-396-3158

2023-2024 INTERDISTRICT OPEN ENROLLMENT APPLICATION

Note: This application must be returned to the school district you wish to attend.

APPLICATIONS MUST BE RECEIVED NOT LATER THAN MAY 31, 2023

Approval/Rejection letters will be sent no later than June 14, 2023

Date: _____ Student's Social Security Number: _____

Student First Name: _____ Middle Name: _____ Last Name: _____

Student Date of Birth: _____ Student City of Birth: _____

Parent/Guardian Name: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Present School District of Residence: _____

Anticipated Grade Level of Student for 2023-2024 School Year: _____

Name of School District Requested: _____

Is student enrolled in any special education or tutorial programs? Yes _____ No _____

If yes, please explain: _____

If for specific high school courses, list desired classes: _____; _____;

_____;

(For office use only)

Received by: _____ Date: _____ Time: _____

Approved: () or Rejected: () Signature of official: _____

Reason(s) _____
