

**St. Henry Consolidated Local Schools  
391 E. Columbus St., St. Henry, OH 45883  
Inter-District Open Enrollment Application  
2026-2027 School Year  
APPLICATION DEADLINE: APRIL 30, 2026**

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Current Grade Level: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Do you currently attend St. Henry through open enrollment? Yes or No

District of Residence: \_\_\_\_\_

Requested District of Residence: St. Henry

Does child have an Individual Education Plan (IEP) or equivalent? Yes or No

Does child have special needs? Yes or No If yes, please explain \_\_\_\_\_

Has student been expelled or suspended from school? Yes or No

\*For high school students applying for first time open enrollment:

Number of high school credits you will earn at the end of the 2024-25 school year: \_\_\_\_\_

Other family members seeking open enrollment (use back if needed)

Name \_\_\_\_\_ Current Grade Level \_\_\_\_\_

Name \_\_\_\_\_ Current Grade Level \_\_\_\_\_

Name \_\_\_\_\_ Current Grade Level \_\_\_\_\_

My/our signature(s) indicate(s) awareness that completion of this application does NOT provide any permission to change district of attendance. It is merely a request to do so. I/we further understand that notice of approval/denial will be received no later than June 30, 2026.

My/our signature(s) indicate(s) that administrators of our district and the district where attendance is desired may exchange any and all information and records relative to my child.

\_\_\_\_\_  
Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Office Use Only**

Received by: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Approved: \_\_\_\_\_ Denied: \_\_\_\_\_ Date: \_\_\_\_\_

Superintendent's Signature: \_\_\_\_\_

Reason(s): \_\_\_\_\_