



DANBURY LOCAL SCHOOLS

9451 EAST HARBOR ROAD, LAKESIDE-MARBLEHEAD, OHIO 43440
WWW.DANBURYSCHOOLS.ORG T:419.798.5185 F:419.798.2260

OPEN ENROLLMENT NOTIFICATION – 2024-2025 Inter-District Open Enrollment Application

Student's Full Name: _____

Male Female Date of Birth _____ Returning Danbury Student Yes No

Custodial Parent/Legal Guardian Name: _____

Street Address: _____

City, State, Zip: _____

Phone number: _____

Present school district of **residence**: _____

School building attended in 23/24: _____

Grade level of student for the 24/25 school year: _____

Is the student currently in special education (IEP) or on a 504 plan? Yes _____ No _____

(Please specify) _____

Was the student suspended for 10 or more days during the previous school year? Yes _____ No _____

Custodial Parent/Legal Guardian Signature: _____ Date: _____

RETURN APPLICATION TO: DANBURY LOCAL SCHOOLS, 9451 E. HARBOR RD, MARBLEHEAD, OH 43440

The Superintendent will consider on an individual basis any applications submitted.

Emphasis for approval will be placed on the optimum number allowed.



For office use only:

Date Received: _____ Principal: _____ Approved Waitlisted Denied

Notes: _____

Superintendent: _____ Date: _____