

# Joseph Badger School District

7119 State Route 7 Kinsman, Ohio 44428  
Phone: 330-876-2810  
Fax: 330-876-2811

Edwin Baldwin, Superintendent  
Gregory Sciola, Treasurer



Home of the Braves

## Verification of Student Registration in School District of Residence Open Enrollment Approval

Dear Parent/Guardian:

**To finalize your application for Open Enrollment in the Joseph Badger School District, your child  
MUST be registered at your public school district of residence.**

Please have your home public school district registrar sign and date this verification form when you complete the registration process.

Return the completed form to the Superintendent's Office of Joseph Badger at 7119 State Route 7 Kinsman, Ohio 44428 or email to [badger.records@badgerbraves.org](mailto:badger.records@badgerbraves.org).

**Your open enrollment will not be accepted without completing and returning this form.**

*To be filled out by Parent/Guardian*

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

Grade: \_\_\_\_\_

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

Date: \_\_\_\_\_

Address: \_\_\_\_\_

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

*To be completed by your Home School District registrar*

I verify that the above named student has been registered in the \_\_\_\_\_

School District on \_\_\_\_\_. District IRN \_\_\_\_\_.  
(date)

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Telephone: \_\_\_\_\_

*Application and District Registration Form must be postmarked by May 31<sup>st</sup>.*