

FOR OFFICE USE ONLY

APPLICATION

RECVD _____

INTRADISTRICT TRANSFER APPLICATION

(One application per student)

(March 1 – March 31)

FOR OFFICE USE ONLY

APPLICATION # _____

SCHOOL YEAR 2020-2021

The Board permits students to apply for attendance at their school of choice based upon criteria established by the school administration. The **Intra-district Open Enrollment Procedure is available at www.fremontschools.net**. The specific criteria are consistent with State law and include application procedures, including deadlines for application and notification to students and principals of alternative schools, when a student’s application is accepted or rejected (if applicable). Only students wishing to attend a school other than their assigned school need apply. **APPLICATIONS MUST BE RECEIVED AT THE DISTRICT OFFICE LOCATED AT 500 W. STATE STREET, SUITE A, FREMONT, OHIO 43420 BY MARCH 31, 2020.**

Procedures for admitting applicants to other schools include but are not limited to:

1. Establishing capacity limits by grade level, school building and educational program;
2. Requiring that students enrolled in a school building or living in the attendance area of the school building established by the Board be given preference over applicants and;
3. Ensuring that an appropriate racial balance is maintained in the schools.

A WRITTEN DECISION WILL BE MAILED BY AUGUST 1, 2020

CHECK BOX IF STUDENT’S PARENT/GUARDIAN IS A FREMONT CITY SCHOOL EMPLOYEE

SCHOOL OF RESIDENCY - PER CURRENT ADDRESS - (check one).

Atkinson

Croghan

Lutz

Otis

PLEASE NOTE: IF YOU MOVE BETWEEN COMPLETING THIS APPLICATION AND THE BEGINNING OF SCHOOL, YOU MUST NOTIFY THE DISTRICT OFFICE. A NEW APPLICATION AND PROOF OF NEW ADDRESS WILL NEED TO BE PROVIDED.

STUDENT’S NAME _____

2019-2020 Grade _____

2020-2021 Grade _____

SCHOOL ATTENDED 2019-2020 _____

SCHOOL REQUESTING _____

RESIDENTIAL Parent/Guardian Name _____

RESIDENTIAL Parent/Guardian **CURRENT ADDRESS** _____

Special Programs _____

State Nature of Request _____

SIBLING _____ GRADE _____

SIBLING _____ GRADE _____

SIBLING _____ GRADE _____

SIBLING _____ GRADE _____

PARENT/GUARDIAN SIGNATURE

Telephone

Date

RECOMMENDATION:

Approved Denied REASON FOR DENIAL _____
