

ADMISSION OF OPEN ENROLLMENT (INTER-DISTRICT) TRANSFER STUDENTS

1. One form is to be completed for each child to be enrolled. **PROOF OF ADDRESS IS REQUIRED**
2. Applications for Interdistrict Open Enrollment must be submitted between **March 1st to March 31st to the Fremont City Schools * 500 W. State St., Suite A * Fremont, Ohio 43420.**
3. Parent(s)/Guardian(s) will receive written notice of acceptance or denial in the mail by **August 1, 2019**

STUDENT INFORMATION

Legal **Last** Name _____ Legal **First** Name _____ Legal **Middle** Name _____

Address _____ City _____ State _____ Zip _____

Date of Birth _____ City & State of Birth _____ Phone _____

Date Moved to Current Address _____ **Grade Level** _____ **Currently Suspended or Expelled?** YES NO

Elementary School Requested _____

Ethnic/Race: White Black/African American Hispanic Multi-Racial Native Hawaiian or Pacific Islander

American Indian or Native Alaskan Asian Native Language _____

Is Student Enrolled in Special Education, Title I, or other program? Yes _____ No _____ If yes, explain _____

PARENTS ON BIRTH CERTIFICATE/ADOPTION PAPERS

PLEASE NOTE

1. If student resides with only one parent, a stamped judgment entry is required to determine the residential parent. Judgment entry required when submitting application.
2. If student resides with a grandparent, a stamped file copy of Grandparent Power of Attorney or a judgment entry of custody/guardianship is required when submitting application.

Student Resides With: Mother Father Both

PLEASE NOTE: PROOF OF ADDRESS REQUIRED FROM RESIDENTIAL PARENT(S)/GUARDIAN(S)

Residential Parent Name _____

District of Residence of Residential Parent _____

Mother's Name _____ Phone _____ Cell _____

Address (if different from student's) _____ City _____ State _____ Zip _____

Father's Name _____ Phone _____ Cell _____

Address (if different from student's) _____ City _____ State _____ Zip _____

Student Resides With: Grandparent (POA required)

Grandparent(s) Name _____ Phone _____ Cell _____

Address _____ City _____ State _____ Zip _____

Residential/Custodial Parent or Grandparent with POA Signature _____ Date _____

FOR OFFICE USE ONLY - Fremont City Schools District IRN# 044016

SSID# _____ Approved _____ Denied _____

Reason (s) _____

Principal's Signature _____ Date _____ Time _____

Superintendent/Designee Signature _____ Date _____