

Student Name: \_\_\_\_\_ SS #: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address/P.O. Box City, State, and Zip

Are you currently residing at the above address? \_\_\_\_\_ If not, when will you be moving? \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Current Age: \_\_\_\_\_ For what school year are you applying?: \_\_\_\_\_

Parent or Guardian Name: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

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

School Presently Attending: \_\_\_\_\_

List All Specific High School Courses Requested: \_\_\_\_\_

Is the student enrolled in any special education programs or has the student been evaluated or referred for Special Education? Yes No If yes, explain: \_\_\_\_\_

Has the student been suspended for ten (10) or more consecutive days or expelled during this or the previous semester? Yes No If yes, explain: \_\_\_\_\_

- *Falsification of any of the above information may result in the voiding of this application/agreement.*
- *Submission of application does not ensure enrollment.*

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

Return to: Fairfield Local Schools  
Attn.: Amy Buddelmeyer  
11611 St. Rt. 771  
Leesburg, OH 45135

**(For Office Use Only)**

Date Received: \_\_\_\_\_ Approved: Yes No If yes, Effective Date: \_\_\_\_\_

If Not Approved; Reason: \_\_\_\_\_

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

Siblings: \_\_\_\_\_ Letter sent: \_\_\_\_\_