



**FAIRFIELD LOCAL SCHOOLS**  
 11611 St. Rt. 771  
 Leesburg, OH 45135  
 937-780-2221

**INTERDISTRICT  
 ENROLLMENT APPLICATION**

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Current Age: \_\_\_\_\_

Address: \_\_\_\_\_ City, State Zip: \_\_\_\_\_

Do you currently reside at this address: \_\_\_\_\_ If not, when will you be moving? \_\_\_\_\_

School Year you are applying for: \_\_\_\_\_ Grade level for school year you are applying: \_\_\_\_\_

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

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

School District of Residence: \_\_\_\_\_ School Presently Attending: \_\_\_\_\_

**THIS SECTION - NEW OPEN ENROLLMENT STUDENTS ONLY**

List all specific High School courses requested: \_\_\_\_\_

Is the student enrolled in any special education programs? \_\_\_\_\_ Has the student been evaluated or referred for Special Education? \_\_\_\_\_

If you answered "Yes" to either question, please explain: \_\_\_\_\_

Has the student been suspended for ten (10) or more consecutive days or expelled during this or the previous semester? \_\_\_\_\_

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: \_\_\_\_\_

***(For Office Use Only)***

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

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

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

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