

Fairless Local School District (IRN # 049841) – **NEW APPLICANTS APRIL 1 -30, 2024**  
 INTERDISTRICT OPEN ENROLLMENT APPLICATION FOR 2024-2025 SCHOOL YEAR

<u>Application Date:</u>	<u>District of Residence:</u>	<u>County:</u>	<u>Last School Attended:</u>	<u>Grade Level 2024-2025</u>
<u>Student's Full Legal Name:</u>				<u>Birthdate:</u> (MM/DD/YY)
<u>Street Address:</u>				<u>Gender:</u> Female                  Male
<u>City:</u>	<u>Zip:</u>	<u>Birth Place City:</u>		<u>Native Language:</u>
<u>Mailing Address (if different):</u>		<u>City:</u>	<u>Zip:</u>	
<u>Home Phone:</u>		<u>Mother Work/Cell:</u>	<u>Father Work/Cell:</u>	
<u>Email:</u>		<u>Proof of Residency Provided:</u>	<u>SSID:</u> <i>Office will fill out</i>	

Does your child receive any special education or related services? (Including Speech/Language services)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	*See Note Below
If Yes, list what service are they receiving?			
Is there currently an Individual Education Plan on file at district of residence school? (Special Ed. Services)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	*See Note Below
Have you notified the Resident District of your intention to pursue Open Enrollment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	**See Note Below
Is this child a foster placement in your home?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If yes, list name of the Resident District			
Do you have proper custody paperwork from the court? (if applicable)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Has the student been <u>suspended or expelled</u> in this term or previous term? If "Yes", how many days? _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
<u>Legal Parent/Guardian Name:</u> (Print)	<u>Relationship to Student:</u>	<u>Date:</u>	
<u>Legal Parent/Guardian (Signature):</u>			
<b><i>I have read the guidelines and understand that it is the responsibility of the parent/guardian to provide transportation to/from Fairless Local Schools (initials)</i></b>			

\*\*No student shall be denied admission to the Fairless Local School District or to a particular course or instructional program or otherwise discriminated against for reasons of race, color, national origin, sex and handicap or any other basis of unlawful discrimination. Some grade levels may not have space available.

NOTE: Fairless Local reserves the right to deny a student based on false information provided by the parent/guardian.

**\*\*Your child must be registered in the Resident School District - district where the student lives.\*\***

**All items must be complete in order to process the request**

**MUST BE DELIVERED IN PERSON ONLY:**  
**Fairless Board of Education**  
 800 7th Street, SE, Brewster, OH 44613 Phone: (330) 767-3577 Ext. 1007

**FOR OFFICE USE ONLY**

<u>Rec'd By:</u>	<u>Date/Time:</u>	Special Services: *student with IEP Approved / Not Approved
Superintendent Signature:		<u>Reason for Non-Approval:</u>
Circle one: Approved / Not Approved / Waiting List		