



**Fairfield Local Schools**

IRN #047621  
11611 St. Rt. 771  
Leesburg, Ohio 45135  
Phone: 937-780-2221 --Fax: 937-780-6900

**INTERDISTRICT  
OPEN ENROLLMENT APPLICATION**

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

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

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

School Year You Are Applying for: \_\_\_\_\_ Grade Level for School Year You Are Applying: \_\_\_\_\_

Parent or 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 or has the student been evaluated or referred for Special Education? \_\_\_\_\_

If yes, 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: \_\_\_\_\_