

District of Origin Sign-Off for Student Applying for Open Enrollment to Great Oaks

By completing and signing this form, your school district acknowledges that the above student is applying to attend a Great Oaks program as an out of district applicant. You understand that the student, if accepted for enrollment at Great Oaks, will remain enrolled at your school district and that credits they earn at Great Oaks will be recommended for the student's requirements to graduate through your school district. Students are required to provide their own transportation and stay on track toward graduation. Students unable to fulfill academic, attendance, and discipline requirements may be withdrawn from Great Oaks back to their district building. We will contact you once their acceptance status is determined.

Student Full Name:	
School and District Currently Enrolled:	
Counselor/District Administrator:	Title:
Phone #:	Email:
Guidance Secretary:	
Phone #:	Email:
Is this student currently receiving any of the following services? If so, please attach the corresponding documents (IEP, 504 Plan, EL services). IEP504ELThis student is not receiving any services. Coordinator or Intervention Specialist name/email/phone	
I verify that (student)	is on track to graduate as of (date)
and (school)	_ will accept all credits recommended by Great Oaks Career Campuses.
Counselor/District Administrator Name and Title:	
Date:	
Counselor/District Administrator Signature:	
Please send completed form and documentation to pref	ferred campus:
Diamond Oaks Career Campus Laurel Oaks Career Ca	ampus Live Oaks Career Campus Scarlet Oaks Career Campus

Milford, OH 45150

ATTN: Jen Frith

Cincinnati, OH 45241

ATTN: Abby Flaherty

Cincinnati, OH 45247

ATTN: Laura Domet

Wilmington, OH 45177

ATTN: Bill Davis