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Oakwood CITY SCHOOLS 20 Rubicon Road | Oakwood, Ohio 45409 | 937-297-5332 | oakwoodschools.org

OAKWOOD CITY SCHOOL DISTRICT ACTIVE DUTY MILITARY FAMILIES PARTICIPATING UNDER INTER-DISTRICT OPEN ENROLLMENT APPLICATION

Application Date: _____ Name of Student: _____

District of Residence: _____ Current School Attending:_____

District Requested: _____ School Requested: _____

Grade level of student for upcoming school year: _____

Date of birth: _____

Does your child have an Individual Education Plan (IEP) ___Yes ___ No

Does your child have a 504 _____Yes _____ No

Has your child been identified as gifted _____ Yes _____ No

Have you enrolled your child in his/her home school district? _____ Yes _____ No

Does the student have a sibling currently enrolled in the Oakwood City School District?
_____ Yes _____ No (if yes, please list below)

Does the student have a sibling(s) applying? ___ Yes ___ No (if yes, please list below)

Name(s)	Grade(s)
_____	_____
_____	_____
_____	_____

Name of parent(s)/legal guardian: _____

Mailing address: _____

City: _____ State, Zip: _____ Cell Phone: _____

Applications for Open Enrollment transfers are approved for only ONE academic year and applicants must reapply for each successive year. Applicants must apply by May 31st for consideration.

Parent/Guardian signature: _____ Date: _____

Parent/Guardian name (printed): _____