

FRANKLIN MONROE LOCAL SCHOOL DISTRICT
P.O. Box 78, Pittsburg, Ohio 45358 Phone: 937-947-1212 Fax: 937-947-1372 IRN: 046649

INTERDISTRICT OPEN ENROLLMENT STUDENT APPLICATION

Submit this application to the FM Superintendent's office by April 15th with **Proof of Residence. Please complete one application for each student applying for Open Enrollment. Application must be completed annually.**

Date: _____ School Year (applying for): 20 _____ - 20 _____

First Name: _____ Full Middle Name: _____ Last Name: _____

Date of Birth: _____ Current Age: _____ Current Grade: _____

Student's Birthplace as listed on Birth Certificate: _____

Gender: ☐ Male ☐ Female Legal Parent(s) / Guardian(s) Name(s): _____

Home Phone #: _____ Cell Phone #: _____ Email: _____

Legal Parent/Guardian's Address, City, State and Zip): _____

_____ ☐ Permanent OR ☐ Temporary

Student Address, City, State and Zip if living with someone other than Legal Parent or Guardian:

***Please contact the superintendent's office in the event of an address or telephone # change.**

Ethnicity: Is student Hispanic/Latino? ☐ Yes ☐ No

Mark all that apply: ☐ American Indian or Alaskan Native ☐ Asian ☐ Black or African American, non Hispanic

☐ Native Hawaiian or other Pacific Islander ☐ White, non Hispanic

Native Language: ☐ English ☐ Spanish ☐ Other _____ On an ELL plan? _____

School District and Building Last Attended / Presently Attending: _____

Present School District of Residence: _____ Grade Level Entering: _____

Is student receiving any special education or intervention, i.e. (IEP, 504, IAT, BIP)? ☐ Yes OR ☐ No

If yes, please explain _____

* If you would like to attach a copy of the IEP or 504 for our better understanding to serve your student, please do so.

Siblings attending FM (Names/Grades): _____

Reason for this request for open enrollment: _____

Signature Parent/Guardian _____ Date _____

THIS IS NOT A SCHOOL REGISTRATION FORM

Office Use Only: Approved: _____ Denied: _____

Reason(s) for denial: _____

Building Principal's Signature: _____ Date: _____

Superintendent's Signature: _____ Date: _____

Final approval will be based upon verification of application information.

Revised 03/13/2026