

FAIRFIELD UNION LOCAL SCHOOL DISTRICT
6417 CINCINNATI-ZANESVILLE RD., LANCASTER, OH 43130 - TELEPHONE 740-536-7384
OPEN ENROLLMENT APPLICATION
FOR 2020-2021 SCHOOL YEAR

Please check the type of transfer you are requesting:

Intradistrict (Within the Fairfield Union Local School District)
 Pleasantville to Bremen
 Bremen to Pleasantville
 Interdistrict From _____ (Resident District)

Student Name _____ Birthdate _____

Student Social Security Number _____ Male Female

Is student of Hispanic/Latino heritage? Yes No

Ethnic Code: Native Hawaiian/Other Pacific Islander Black

American Indian or Alaskan Native Asian White

Parent/Guardian Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Is this student in a special education program? Yes No

If yes, what program? _____ Does student have a 504 Plan? Yes No

List other siblings in household and indicate if they will be applying for open enrollment. An application must be completed for each student applying.

_____ Yes No _____ Yes No
 _____ Yes No _____ Yes No

I/We hereby request that the student listed above be considered for transfer to the following: Pleasantville Elem. (K-4) Bremen Elem. (K-4)

Rushville Middle (5-8) High School (9-12) Fairfield Career Center

This student is currently enrolled at _____ school in grade _____ for school year _____.

THIS SECTION TO BE COMPLETED BY HIGH SCHOOL (GRADES 9-12) STUDENTS ONLY.

1. Why are you requesting to transfer to Fairfield Union? _____

2. List all extra-curricular activities in which student currently participates and/or may participate at Fairfield Union. _____

 Parent/Guardian Signature Date Parent/Guardian Signature Date

NOTE: Interdistrict transfer students must attach a complete individual immunization record, a recent official transcript or record of achievement, a current IEP if handicapped and a record of any suspensions or expulsions from the previous school term. Without these attached, the application will not be considered.

MISREPRESENTATION OF INFORMATION WILL RESULT IN THE REJECTION OR TERMINATION OF THE TRANSFER REQUEST.

For School Use Only

Date Received _____ Effective Date of Transfer _____

Counselor _____ Date _____ Conditional _____ Final _____ Denied _____

Principal _____ Date _____ Conditional _____ Final _____ Denied _____