

**FAIRFIELD UNION LOCAL SCHOOL DISTRICT**  
**6417 CINCINNATI-ZANESVILLE RD., LANCASTER, OH 43130 - TELEPHONE 740-536-7384**  
**OPEN ENROLLMENT APPLICATION**  
**FOR 2022-2023 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

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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

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NOTE: Interdistrict transfer students must attach a complete individual immunization record, a recent official transcript or record of achievement, a current IEP if applicable and a record of any suspensions or expulsions from the previous school term. Without these attached, the application will not be considered. If approved, a second application must be submitted for the following school year. Once approval has been awarded for two consecutive school years, the student will not need to reapply for future school years.

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

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**For School Use Only**

Date Received \_\_\_\_\_ Effective Date of Transfer \_\_\_\_\_

Counselor \_\_\_\_\_ Date \_\_\_\_\_ Conditional \_\_\_\_\_ Final \_\_\_\_\_ Denied \_\_\_\_\_

Principal \_\_\_\_\_ Date \_\_\_\_\_ Conditional \_\_\_\_\_ Final \_\_\_\_\_ Denied \_\_\_\_\_

Reason for Denial \_\_\_\_\_