

2023-2024 INTER-DISTRICT OPEN ENROLLMENT APPLICATION

Fairless Local School District

PHONE (330) 767-3577 FAX (330) 767-3298

NEW REQUIREMENT - ALL APPLICANTS

Current Proof of Residency must be attached to ALL applications. (Acceptable documents: Current Utility Bill or Purchase/Rental Agreement) A separate application must be completed for each student annually. Return this application to the Superintendent's office.

DATE: _____ School District of Residence: _____ County of Residence: _____

NEW APPLICANT: _____ RENEWAL APPLICANT: _____ Grade for 2023-2024 _____

STUDENT INFORMATION:

Name of Student _____ Gender: Male ___ Female ___
Last First Full Middle

Current Address _____ City _____, OH Zip _____

Last School Attended: _____ Custody Papers: Yes ___ No ___

Birthdate: _____ City/State of Birth: _____

Ethnicity: 1) Is student Hispanic/Latino? ___ Yes ___ No AND 2) Select ALL of the following racial groups that apply:

___ White ___ Black/African American ___ Asian ___ Am Indian/Alaskan Native ___ Native Hawaiian/Pacific Islander

Is student of Limited English Proficiency? ___ Yes ___ No If yes, what is native language? _____

Has student recently been expelled? ___ Yes ___ No If yes, list date of expulsion _____

Has student ever been suspended? ___ Yes ___ No

IS YOUR CHILD CURRENTLY RECEIVING ANY OF THE FOLLOWING SERVICES, OR HAD AN IEP IN THE PAST?

Special Education? ___ Yes ___ No 504 ___ Speech? ___ Yes ___ No Gifted? ___ Yes ___ No

Parent/Legal Guardian Name _____ Relationship to student _____

Parent/Guardian Telephone Numbers (Home) _____ (Work) _____ (Cell) _____

Signature of Parent/Guardian _____ Date _____

SIBLING INFORMATION: (A separate application must be completed for each child)

List siblings requesting open enrollment for the 2023-2024 school year:

Name _____ Grade for 2023-2024 _____

Name _____ Grade for 2023-2024 _____

Name _____ Grade for 2023-2024 _____

No student shall be denied admission to the Fairless Local School District, or to a particular course of instruction program, or otherwise discriminated against for reason of race, color, national origin, sex, handicap, or any other basis of unlawful discrimination.

FOR OFFICE USE ONLY

_____ APPROVED

_____ REJECTED

Superintendent's Signature _____ Date _____

Reason(s) for Rejection _____