

**INTER-DISTRICT OPEN ENROLLMENT APPLICATION
OLD FORT LOCAL SCHOOLS
2017 - 2018
7635 N. CR. 51
TIFFIN, OHIO 44883
419-992-4291 Fax 419-992-4293**

Date _____ Enrollment Status: _____ NEW _____ RE-ENROLLING

Name of Student _____

S.S. # _____ - _____ - _____ Date of Birth _____ Male _____ Female _____

Present Grade Level _____ Present School Attended _____

District of Residency _____ Grade level for 2017-2018 school year _____

Is student currently or has student ever been suspended or expelled? Yes No

If yes, please

explain? _____

Is student enrolled in any special education or tutorial programs? Yes No

If yes, please

explain _____

Are there any court orders in regards to this student? Yes No

If yes, please

explain _____

Reason for applying to the Old Fort Open Enrollment Program?

Parent/Guardian

Name _____ Phone _____

Address _____ (City) _____

Signature of

Parent/Guardian _____

APPLICATIONS MUST BE RECEIVED NO LATER THAN May 12, 2017

Request will be acted upon no later than June 12, 2017

Parents must indicate acceptance of transfer on or before June 23, 2017

(For Office Use Only)

Received by _____ Date _____ Time _____

Approved _____

Rejected _____

Signature of Official _____

Reason(s) for rejection _____