

ADMISSION OF **OPEN ENROLLMENT (INTER-DISTRICT)** TRANSFER STUDENTS

1. One form is to be completed for each child to be enrolled. **PROOF OF ADDRESS IS REQUIRED EACH YEAR**
2. Applications for Interdistrict Open Enrollment must be submitted between **March 1st to March 31st** to the Fremont City Schools at **500 W. State St., Suite A, Fremont, Ohio 43420.**
3. **New Open Enrollment Policy** can be located on District website at www.fremontschools.net.
4. **Acceptance will be based on the new open enrollment policy. Notifications of acceptance or denial will be mailed by August 1, 2024.**

STUDENT INFORMATION

Legal Last Name _____ Legal First Name _____ Legal Middle Name _____

Address _____ City _____ State _____ Zip _____

Date of Birth _____ City & State of Birth _____ Phone _____

Date Moved to Current Address _____ Grade 2024-2025 _____ Currently Suspended or Expelled? YES NO

Elementary School Requested (FIRST CHOICE) Atkinson Croghan Lutz Otis
 (SECOND CHOICE) Atkinson Croghan Lutz Otis

Ethnicity/Race White Black/African American Hispanic Multi-Racial Native Hawaiian or Pacific Islander
 American Indian or Native Alaskan Asian

Is Student Enrolled in Special Education, Title I, or other program? Yes _____ (Please include copy of most recent IEP) No _____

If yes, explain _____

PARENTS ON BIRTH CERTIFICATE/ADOPTION PAPERS

PLEASE NOTE

1. If student resides with only one parent, a **stamped** judgment entry is required to determine the residential parent. Judgment entry required when submitting application.
2. If student resides with a grandparent, a **stamped** file copy of Grandparent Power of Attorney or a judgment entry of custody/guardianship is required when submitting application.

PLEASE NOTE: PROOF OF ADDRESS REQUIRED FROM RESIDENTIAL PARENT(S)/GUARDIAN(S) OR GRANDPARENT EVERY YEAR.

Student Resides With: Mother Father Both

Residential Parent Name _____

District of Residence of Residential Parent _____

Mother's Name _____ Phone _____ Cell _____

Address (if different from student's) _____ City _____ State _____ Zip _____

Father's Name _____ Phone _____ Cell _____

Address (if different from student's) _____ City _____ State _____ Zip _____

Student Resides With: Grandparent (POA required)

Grandparent(s) Name _____ Phone _____ Cell _____

Address _____ City _____ State _____ Zip _____

Residential/Custodial Parent or Grandparent with POA Signature _____ Date _____

FOR OFFICE USE ONLY - Fremont City Schools District IRN# 044016

SSID# _____ Approved _____ Denied _____

Reason (s) _____

Superintendent/Designee Signature _____ Date _____