

**INTER-DISTRICT OPEN ENROLLMENT APPLICATION**  
**OLD FORT LOCAL SCHOOLS**  
2018 - 2019  
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 2018-2019 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 1, 2018**  
**Request will be acted upon no later than May 18 2018**

(For Office Use Only)

Received by \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Approved \_\_\_\_\_

Rejected \_\_\_\_\_

Signature of Official \_\_\_\_\_

Reason(s) for rejection \_\_\_\_\_