



FAIRFIELD CITY SCHOOL DISTRICT
OPEN ENROLLMENT APPLICATION School Year 2016-17

File: JECBB-E

____ New Student Application Date _____

____ Renewal Student Student's Grade in 2016-2017 _____

Name of Student _____

Birthdate _____

Parent/Guardian's Name _____ Employee of FCSD ____ Yes ____ No

Home Phone _____ Cell Phone _____ Work Phone _____

Address _____ City _____ Zip _____

Parent Email Address _____

Student's School District of Residence _____

Did student attend Fairfield City Schools for the 2015-2016 school year? ____ Yes (Student # _____) *(For Open Enrollment renewals - All school fees (2015-2016 and before) must be paid or qualify for waiver prior to submission of application)*

List names of brothers and/or sisters also applying for Open Enrollment (in grades K-12): *(Must have separate application for each child.)*

Name _____ Grade in 2016-17 _____

Name _____ Grade in 2016-17 _____

Name _____ Grade in 2016-17 _____

If all children in the family applying for Open Enrollment are not accepted, will you accept partial placement?
____ Yes, I will accept placement of any of my children applying.
____ No, I will only accept placement if all of my children are placed.

Does your child receive any special education services? *(Current IEP/504 must be attached for NEW applicants only.)*
____ Yes ____ No

(For students entering 4th grade only) Did your child pass the third grade OAA reading test? ____ Yes ____ No

Has this student been suspended (**10 consecutive days**) or expelled from school within the last school year?
____ Yes *(if yes, _____ Date _____ Reason)* ____ No

School Being Requested *(Please number elementary schools in order of preference.)*

____ Central Elementary (Gr.K-4)

____ East Elementary (Gr.K-4)

____ North Elementary (Gr.K-4)

____ South Elementary (Gr.K-4)

____ West Elementary (Gr.K-4)

____ Intermediate School (Gr. 5-6)

____ Middle School (Gr. 7-8)

____ Freshman School (Gr. 9)

____ Senior High School (Gr. 10-12)

For High School Students entering 10th-12th grade: *(Transcript must be attached for NEW students only.)*

Expected number of high school credits at the end of 2016-17 school year _____

<u>Office Use Only</u>
Line Number _____
Date/Time Stamp: _____

All Applicants:

Briefly describe why you want your child to attend Fairfield City Schools? (You may attach additional sheet for extra space.)

All Applicants: Please check "N/A" (Not Applicable) if question does not apply to this student.

1. I understand that transportation is not provided with this program and that it is my responsibility to transport my child. Yes

2. I understand the approval of my request will be for one school year only and applications must be submitted each year during the specified times to continue in Fairfield City Schools. Yes

3. I understand that if my child is a current student in Fairfield City Schools (renewal), all school fees must be paid in full prior to acceptance in Open Enrollment. Yes N/A

4. I understand that a current IEP/504 must accompany this application if my child is a NEW applicant and is receiving Special Education Services. Yes N/A

5. I understand that a current high school transcript must accompany this application if my child is a NEW applicant and is applying for admittance to Fairfield Senior High School, grades 10-12.
 Yes N/A

6. I understand that if my child is accepted as a NEW Open Enrollment student in grades 10-12, OHSAA eligibility rules will apply in athletics.
 Yes N/A

By signing, I certify that all information contained in this application is true and complete, and I understand that the falsification of any of the above information will void this application and/or the enrollment of my child in the Fairfield City School District.

By signing, I agree that I have received, read and understand Fairfield Board Policy JECBB and administrative regulations/procedures JECBB-R.

Signature of _____ Date _____
Parent/Guardian