Inter-district Open Enrollment Application

Name of Student	2018-19	Date of Application

Student Date of Birth	Student Age	Student Grade in 2018-19

Address

Ohio School District of Residence	Father's Name	Mother's Name

Home Phone	Father Cell Phone	Mother Cell Phone

Email Address	Father Work Phone	Mother Work Phone

Siblings currently attend Pettisville?	If so, please list student(s) and current grade	
Yes No	_____ _____	_____ _____

Special Needs

| Does this student have a *current* IEP? (Individualized Educational Program)

Yes No

Has this student *ever* had an IEP?

Yes No | If yes, please check area:

___ Preschool Nonspecific
___ Speech or Language
___ MD (Multiple Disabilities)
___ OR (Orthopedic Impairment)
___ OHI (Other Health Impairment)
___ VI (Visual Impairment)
___ HI (Hearing Impairment)
___ ED (Emotional Disturbance)
___ SLD (Specific Learning Disability)
___ Other: _____ | Does this student have other special needs served outside of regular classes?   Yes   No
If yes, what are these needs and how are the needs served? Does the student have any other special needs that need addressed? Please use additional space if necessary.

_____
Referred by (If applicable): |

Has child been suspended or expelled for more than 10 days during the previous year?   Yes   No

Parent Statements: Please Circle

If available, I would like transportation from a pick up site: Napoleon   Wauseon   Archbold

If space is available, I would like to request a pick-up/drop-off at a Pettisville bus stop from inside the district. I understand that I must make arrangements with the person living at that stop. If known, list address: (Can be provided later if appropriate.) Please check back to see if request can be approved.	Yes No

I understand that it is *my* obligation to provide transportation to and from school.

Parent
Signature

Office Use Only:
Accepted _____
Declined _____
Confirmed _____