

**James A. Garfield Local Schools**  
**2023/24 School Year**  
**INTERDISTRICT OPEN ENROLLMENT APPLICATION**

**NOTE:** This application should be returned to the Superintendent's office, 10235 St. Rt. 88, Garrettsville, Ohio 44231, as soon as completed.

Date of Application \_\_\_\_\_

Full Name of Student (include legal MIDDLE name) \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_

Address of Student \*\* \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Student's Birth Place City \_\_\_\_\_ Parent's Email Address \_\_\_\_\_

Parent's Phone: Home \_\_\_\_\_ Work \_\_\_\_\_  
Cell \_\_\_\_\_

Present school district of **residence** \_\_\_\_\_

Present school district of **attendance** \_\_\_\_\_

Grade level of student for upcoming year \_\_\_\_\_ Date of Birth \_\_\_\_\_

Is student enrolled in any special programs or have an IEP? \_\_\_\_\_ Yes \_\_\_\_\_ No

Does student have a 504 plan? \_\_\_\_\_ Yes \_\_\_\_\_ No

**\*\*You must provide proof of residency when submitting your OE application if new to the school district.**

Has this student been suspended or expelled from school during the past school year? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Number of Days

**ALL NEW HIGH SCHOOL STUDENTS, GRADES 10-12, SHALL ATTACH A TRANSCRIPT.**

**APPLICATION SHOULD BE RECEIVED BY JUNE 2, 2023.** Requests received by 6/2/23 will be acted upon no later than June 8, 2023. Parents **must** indicate acceptance of transfer on or before **July 16<sup>th</sup>**.

**I/WE AGREE TO PROVIDE TRANSPORTATION TO GARFIELD SCHOOLS SHOULD MY/OUR CHILD(REN) BE ACCEPTED AS AN OPEN ENROLLMENT STUDENT. I understand my son/daughter may be placed on a waiting list to be assigned should an opening occur.**

**August 15, 2023 is the absolute deadline to apply for 2023/24 Open Enrollment.**

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

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**FOR OFFICE USE ONLY**

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

3/23