



Pettisville Schools

# PETTISVILLE

## PETTISVILLE LOCAL SCHOOLS



PHS

### Inter-district Open Enrollment Application

<b>Name of Student</b>		<b>2017-18</b>	<b>Date of Application</b>	
<b>Student Date of Birth</b>		<b>Student Age</b>	<b>Student Grade in 2017-18</b>	
<b>Address</b>				
<b>Ohio School District of Residence</b>		<b>Father's Name</b>	<b>Mother's Name</b>	
<b>Home Phone</b>		<b>Father Cell Phone</b>	<b>Mother Cell Phone</b>	
<b>Email Address</b>		<b>Father Work Phone</b>	<b>Mother Work Phone</b>	
<b>Siblings currently attend Pettisville?</b>		<b>If so, please list student(s) and current grade</b>		
Yes No		_____		
<b>Special Needs</b>				
Does this student have a <i>current</i> IEP? (Individualized Educational Program)  Yes No  Has this student <i>ever</i> had an IEP?  Yes No	If yes, please check area:  <input type="checkbox"/> Preschool Nonspecific <input type="checkbox"/> Speech or Language <input type="checkbox"/> MD (Multiple Disabilities) <input type="checkbox"/> OR (Orthopedic Impairment) <input type="checkbox"/> OHI (Other Health Impairment) <input type="checkbox"/> VI (Visual Impairment) <input type="checkbox"/> HI (Hearing Impairment) <input type="checkbox"/> ED (Emotional Disturbance) <input type="checkbox"/> SLD (Specific Learning Disability) <input type="checkbox"/> 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.  <hr/> Referred by (If applicable):	
Has child been suspended or expelled for more than 10 days during the previous year? Yes No				
<b>Parent Statements: Please Circle</b>				
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 <i>my</i> obligation to provide transportation to and from school.				
Parent Signature				

**Office Use Only:**  
Accepted \_\_\_\_\_  
Declined \_\_\_\_\_  
Confirmed \_\_\_\_\_