



# Sandusky City Schools

407 Decatur Street, Sandusky, OH 44870-2442 λ 419-626-6940 λ [www.scs-k12.net](http://www.scs-k12.net)

## INTER-DISTRICT OPEN ENROLLMENT APPLICATION

Date \_\_\_\_\_ Students Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
*Please list the last four numbers (full number is optional)*

Name of Student \_\_\_\_\_ Birth Date: \_\_\_\_\_

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

Address \_\_\_\_\_  
\_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

1. Grade Level of Student for **School Year 2010 - 2011**: \_\_\_\_\_
2. Name of School **District of Residence** \_\_\_\_\_
3. What school is the student currently enrolled in? \_\_\_\_\_
4. Sandusky City Schools offer AP Courses, Vocational Classes, Honor Classes, Arts and Music programs and Gifted Services. Please list below any specific classes you would like to request:  
\_\_\_\_\_; \_\_\_\_\_; \_\_\_\_\_; \_\_\_\_\_;
5. Is student enrolled in Title I, Special Education (IEP) or other special education programs? \_\_\_ Yes \_\_\_ No  
If yes, please explain \_\_\_\_\_  
\_\_\_\_\_
6. Is student currently or has student ever been suspended or expelled? \_\_\_ Yes \_\_\_ No  
If yes, please explain \_\_\_\_\_  
\_\_\_\_\_

Signature below grants permission for the **Release of Student Records** to the Sandusky City School District.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

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(For Office Use Only)

Received by: Name \_\_\_\_\_ Title \_\_\_\_\_

Date \_\_\_\_\_ Time \_\_\_\_\_ a.m./p.m.

\_\_\_\_ Approved by: \_\_\_\_\_ Title \_\_\_\_\_

\_\_\_\_ Rejected by: \_\_\_\_\_ Title \_\_\_\_\_

cc to: \_\_\_\_\_ Date: \_\_\_\_\_