



Sandusky City Schools

407 Decatur Street, Sandusky, OH 44870-2442 λ 419-626-6940 λ 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 2011 - 2012:** _____
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

(For Office Use Only)

Received by: Name _____ Title _____

Date _____ Time _____ a.m./p.m.

____ Approved by: _____ Title _____

____ Rejected by: _____ Title _____

cc to: _____ Date: _____