



SANDUSKY CITY SCHOOLS

407 DECATUR STREET
SANDUSKY, OHIO 44870
(419) 626-6940

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 (____) _____ - _____

- Grade Level of Student for **School Year 2009-2010**: _____
- Name of School **District of Residence** _____
- What school is the student currently enrolled in? _____
- 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: _____