

# Fort Frye Local Schools Inter-District Open Enrollment Application

510 Fifth St. P.O. Box 1149 Beverly, Ohio 45715 Phone: 740-984-2497 Fax: 740-984-8784

## 2018-2019 School Year

**NOTE: This application MUST be returned to the Fort Frye Local building principal office by June 1st.**

Date: \_\_\_\_\_

Name of Student: \_\_\_\_\_

Resident School District of Student: \_\_\_\_\_

Previous School Attended: \_\_\_\_\_

Fort Frye School Requested: (First Choice)      Fort Frye High School      Beverly Center Elementary      Lowell Elementary  
Salem Liberty Elementary

Fort Frye School Requested: (Second Choice) if any      Beverly Center Elementary      Lowell Elementary  
Salem Liberty Elementary

Grade Level of student for the coming school year : \_\_\_\_\_

Is student enrolled in any Special Education or Tutorial programs?      Yes      No

If yes please explain: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

PHYSICAL Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

MAILING Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

> When applying for Inter-district Open Enrollment, students **MUST** be registered at their school district of residence. **Applications for inter-district transfer must be submitted annually to the building principals by June 1st.** Applications will be acted upon by June 15th. parent/Guardian(s) will be notified by mail on or before June 30th. *One application must be submitted for each student who requests an inter-district transfer.*

I hereby authorize school records of the above-named student to be transferred to Fort Frye Local School District:

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### The Section Below for Office Use Only

Date Received: \_\_\_\_\_ Time Received: \_\_\_\_\_

Approved      Denied      Reason (s): \_\_\_\_\_

Principal Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Superintendent Signature: \_\_\_\_\_ Date: \_\_\_\_\_