

2018-2019 School Year

Student Name: _____ SS #: _____

Address: _____
Street Address/P.O. Box City, State, and Zip

Date of Birth: _____ Current Age: _____ Grade Level for 2018-2019 School Year: _____

Parent or Guardian Name: _____

Home Phone #: _____ Work Phone #: _____

School District of Residence: _____

School Presently Attending: _____

List All Specific High School Courses Requested: _____

Is the student enrolled in any special education programs or has the student been evaluated or referred for Special Education? Yes No If yes, explain: _____

Has the student been suspended for ten (10) or more consecutive days or expelled during this or the previous semester? Yes No If yes, explain: _____

- *Falsification of any of the above information may result in the voiding of this application/agreement.*
- *Submission of application does not ensure enrollment.*

Parent/Guardian Signature: _____ Date: _____

Return to: Fairfield Local Schools
Attn.: Amy Buddelmeyer
11611 St. Rt. 771
Leesburg, OH 45135

(For Office Use Only)

Date Received: _____ Approved: Yes No If yes, Effective Date: _____

If Not Approved; Reason: _____

Superintendent's Signature: _____ Date: _____

Siblings: _____ Letter sent: _____