



# SANDUSKY CITY SCHOOLS

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

## INTER-DISTRICT OPEN ENROLLMENT APPLICATION

Date \_\_\_\_\_ Students  
 Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 Name of Student \_\_\_\_\_ Birth Date: \_\_\_\_\_  
 Parent/Guardian's Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

- Grade Level of Student for **Coming School Year**: \_\_\_\_\_
- Name of School **District of Residence** \_\_\_\_\_
- Where and when did you last attend school? \_\_\_\_\_
- 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:  
 \_\_\_\_\_; \_\_\_\_\_; \_\_\_\_\_; \_\_\_\_\_;
- Is student enrolled in Title I, Special Education (IEP) or other special education programs? \_\_\_ Yes \_\_\_ No  
 If Yes, please explain \_\_\_\_\_  
 \_\_\_\_\_
- 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

**APPLICATION MUST BE RECEIVED NO LATER THAN 2:30 P.M., June 30, 2006.**

Requests will be acted upon no later than July 7, 2006.

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(For Office Use Only)

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

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

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

\_\_\_\_\_  
Rejected \_\_\_\_\_