

FOR OFFICE USE ONLY

APPLICATION  
RECVD \_\_\_\_\_

**INTRADISTRICT TRANSFER APPLICATION**

(One application per student)  
(March 1 – March 31)

FOR OFFICE USE ONLY

APPLICATION # \_\_\_\_\_

**SCHOOL YEAR 2024-2025**

The Board permits students to apply for attendance at their school of choice based upon criteria established by the school administration. The **Intra-district Open Enrollment Procedure is available at [www.fremontschools.net](http://www.fremontschools.net)**. The specific criteria are consistent with State law and include application procedures, including deadlines for application and notification to students and principals of alternative schools, when a student’s application is accepted or rejected (if applicable). Only students wishing to attend a school other than their assigned school need apply. **APPLICATIONS MUST BE RECEIVED AT THE DISTRICT OFFICE LOCATED AT 500 W. STATE STREET, SUITE A, FREMONT, OHIO 43420 BY MARCH 31, 2024.**

Procedures for admitting applicants to other schools include but are not limited to:

1. Establishing capacity limits by grade level, school building and educational program;
2. Requiring that students enrolled in a school building or living in the attendance area of the school building established by the Board be given preference over applicants and;
3. Ensuring that an appropriate racial balance is maintained in the schools.

**A WRITTEN DECISION WILL BE MAILED BY AUGUST 1, 2024**

CHECK BOX IF STUDENT’S PARENT/GUARDIAN IS A FREMONT CITY SCHOOL EMPLOYEE

**SCHOOL OF RESIDENCY - PER CURRENT ADDRESS - (check one).**

Atkinson

Croghan

Lutz

Otis

**PLEASE NOTE:**

- SWORN STATE OF RESIDENCY FORM MUST BE SIGNED – ONE FOR EACH STUDENT
- PROOF OF ADDRESS DATED WITHIN LAST 30 DAYS MUST BE SUBMITTED WITH APPLICATION
- ONCE APPROVED FOR OPEN ENROLLMENT, STUDENTS WILL REMAIN AT THE REQUESTED SCHOOL FOR THE ENTIRE SCHOOL YEAR.
- IF YOU MOVE BETWEEN COMPLETING THIS APPLICATION AND THE BEGINNING OF SCHOOL, YOU MUST NOTIFY THE DISTRICT OFFICE. A NEW APPLICATION AND PROOF OF NEW ADDRESS WILL NEED TO BE PROVIDED.

STUDENT’S NAME \_\_\_\_\_

GRADE 2024-2025 \_\_\_\_\_ SCHOOL REQUESTED 2024-2025 \_\_\_\_\_

RESIDENTIAL Parent/Guardian Name \_\_\_\_\_

RESIDENTIAL Parent/Guardian CURRENT ADDRESS \_\_\_\_\_

Special Programs \_\_\_\_\_

State Nature of Request \_\_\_\_\_

SIBLING \_\_\_\_\_ GRADE 24-25 \_\_\_\_\_ SIBLING \_\_\_\_\_ GRADE 24-25 \_\_\_\_\_

SIBLING \_\_\_\_\_ GRADE 24-25 \_\_\_\_\_ SIBLING \_\_\_\_\_ GRADE 24-25 \_\_\_\_\_

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Date

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SCHOOL ATTENDED FOR 2023-2024 \_\_\_\_\_

**RECOMMENDATION**

Approved  Denied  REASON FOR DENIAL \_\_\_\_\_