

FAIRFIELD UNION LOCAL SCHOOL DISTRICT
6417 CINCINNATI-ZANESVILLE ROAD NE, LANCASTER, OH 43130 - TELEPHONE 740-536-7384
OPEN ENROLLMENT APPLICATION FOR 2026-2027 SCHOOL YEAR

Please check the type of transfer you are requesting:

☐ INTRADISTRICT (Within the Fairfield Union Local School District)

☐ From Pleasantville to Bremen

☐ From Bremen to Pleasantville

☐ INTERDISTRICT From _____ (Resident School District)

Student Name _____ Birthdate _____

☐ Male ☐ Female

Is student of Hispanic/Latino heritage? ☐ Yes ☐ No

Ethnic Code: ☐ Native Hawaiian/Other Pacific Islander ☐ Black

☐ American Indian or Alaskan Native ☐ Asian ☐ White

Parent/Guardian Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Is this student in a special education program? ☐ Yes ☐ No

If yes, what program? _____ Does student have a 504 Plan? ☐ Yes ☐ No

List other siblings in household and indicate if they will be applying for open enrollment. An application must be completed for each student applying.

_____ ☐ Yes ☐ No _____ ☐ Yes ☐ No
_____ ☐ Yes ☐ No _____ ☐ Yes ☐ No

I/We hereby request that the student listed above be considered for transfer to the following: ☐ Pleasantville Elem. (K-4) ☐ Bremen Elem. (K-4)

☐ Rushville Middle (5-8) ☐ High School (9-12) ☐ Fairfield Career Center

This student is currently enrolled at _____ school
in grade _____ for school year _____.

THIS SECTION TO BE COMPLETED BY HIGH SCHOOL (GRADES 9-12) STUDENTS ONLY.

1. Why are you requesting to transfer to Fairfield Union? _____

2. List all extra-curricular activities in which student currently participates and/or may participate at Fairfield Union. _____

Parent/Guardian Signature _____

Date _____

Parent/Guardian Signature _____

Date _____

NOTE: Interdistrict transfer students must attach a complete individual immunization record, a recent official transcript or record of achievement, a current IEP if applicable and a record of any suspensions or expulsions from the previous school term. Without these attached, the application will not be considered. If approved, a second application must be submitted for the following school year. Once approval has been awarded for two consecutive school years, the student will not need to reapply for future school years.

**MISREPRESENTATION OF INFORMATION WILL RESULT
IN THE REJECTION OR TERMINATION OF THE TRANSFER REQUEST.**

For School Use Only

Date Received _____ Effective Date of Transfer _____

Counselor _____ Date _____ Conditional _____ Final _____ Denied _____

Principal _____ Date _____ Conditional _____ Final _____ Denied _____

Reason for Denial _____