



P.L.S.

PETTISVILLE

PETTISVILLE LOCAL SCHOOLS



P.H.S.

Inter-district Open Enrollment Application

Name of Student		2010-11	Date of Application					
Student Date of Birth		Student Age	Student Grade in 2010-11					
Address								
Ohio School District of Residence		Father's Name		Mother's Name				
Home Phone		Father Cell Phone		Mother Cell Phone				
Email Address		Father Work Phone		Mother Work Phone				
Siblings currently attend Pettisville?		If so, please list student(s) and current grade						
Yes No		<table border="1"> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> </table>			_____	_____	_____	_____
_____	_____							
_____	_____							
Special Needs								
Does this student have an IEP? (Individualized Educational Program) Yes No	If yes, please check area: <input type="checkbox"/> Preschool Nonspecific <input type="checkbox"/> Speech or Language <input type="checkbox"/> MD (Multiple Disab.) <input type="checkbox"/> OR (Orthopedic Impair.) <input type="checkbox"/> OHI (Othr Health Impair.) <input type="checkbox"/> VI (Visual Impairment) <input type="checkbox"/> HI (Hearing Impairment) <input type="checkbox"/> ED (Emotional Disturb.) <input type="checkbox"/> SLD (Spec Learning Disab) <input type="checkbox"/> Other: _____	Does this student have other special needs served outside of regular classes? Yes No If yes, what are these needs and how are the needs served? Does the student have any other special needs that need addressed? Please use additional space if necessary. Referred by (If applicable): _____						
Has child been suspended or expelled for more than 10 days during the previous year? Yes No								
Parent Statements: Please Circle								
If available, I would like transportation from a pick up site: Napoleon Wauseon Archbold								
If space is available, I would like to request a pick-up/drop-off at a Pettisville bus stop from inside the district. I understand that I must make arrangements with the person living at that stop. If known, list address: (Can be provided later if appropriate.) Please check back to see if request can be approved.				Yes No				
I understand that it is my obligation to provide transportation to and from school.								
Parent Signature								

Deadlines: For preferred consideration, application must be received no later than January 31 of the year of enrollment.

Office Use Only:
 Accepted _____
 Declined _____
 Confirmed _____