



Norwalk City School District

Norwalk, Ohio 44857

134 Benedict Avenue | Phone (419) 668-2779

www.norwalktruckers.net

Application for Inter-District Open Enrollment

Date: _____ Student's Birth Date: _____

Name of Student: _____
(Last) (First) (Middle)

Parent/Guardian's Name: _____

Parent/Guardian's Email: _____

Address: _____

(City) (Zip Code) Phone: _____

Grade Level of Student for the Upcoming School Year: _____

Name of School District of Residence: _____

Where and when did the student last attend school? _____

Does student have a current IEP? _____ Yes _____ No **If yes, describe the level of service(s).**
If the student did not attend Norwalk last year, please provide a copy of the current ETR and IEP.

Was the student suspended or expelled last school year? If yes, please list the dates and describe the circumstances. _____

Parent/Guardian Signature

Date

Applications will be accepted from May 1 - July 1 at the above address or by email to lortchel@norwalktruckers.net.

PROOF OF RESIDENCY MUST BE PROVIDED WITH THE APPLICATION

Requests will be acted upon no later than August 1.

(For Office Use Only)

Received by: _____

Time: _____ Date: _____

Approved by: _____

Rejected: _____

Reason(s): _____