



# Norwalk City School District

Norwalk, Ohio 44857

134 Benedict Avenue | Phone (419) 668-2779

George Fisk, Superintendent | Joyce Dupont, Treasurer

Corey Ream, Director of Operations

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](mailto:lortchel@norwalktruckers.net).

**\*PROOF OF RESIDENCY MUST BE PROVIDED WITH THE APPLICATION\***

Requests will be acted upon no later than August 1.

<p><b>(For Office Use Only)</b></p> <p>Received by: _____</p> <p>Time: _____ Date: _____</p> <p>Approved by: _____</p> <p>Rejected: _____</p> <p>Reason(s): _____</p>
---