



**Stow-Munroe Falls City School District
2019-2020 Intra-District Open Enrollment Application
(Request to transfer resident elementary level student from one district building to another)**

APPLICATION DEADLINE: April 30

One application per child

NAME OF STUDENT _____ **GRADE LEVEL FOR 2019-2020**
SCHOOL YEAR: _____

HOME SCHOOL BASED UPON CURRENT RESIDENCE: (PLEASE CIRCLE)					
Echo Hills	Fishcreek	Highland	Indian Trail	Riverview	Woodland

REQUESTING TRANSFER TO THE FOLLOWING BUILDING: (PLEASE CIRCLE)					
Echo Hills	Fishcreek	Highland	Indian Trail	Riverview	Woodland

ADDRESS _____

CITY _____ **CELL #1** _____ **CELL#2** _____

PARENT/GUARDIAN NAME: _____

Does your child have any siblings in the district that also require a transfer? ___Yes ___No
(If yes, please complete a separate application)

Reason for the request to transfer: _____

Have you contacted the building principal where your child currently attends? ___Yes ___No

Have you had a conference with the principal and teacher concerning the reason for your request to have your child transferred? ___Yes ___No

SPECIAL EDUCATION STUDENTS ONLY Has your child ever been placed on an I.E.P.? YES NO (please circle)

OTHER SERVICES YOUR CHILD IS RECEIVING: ___ 504 Plan ___ ESL Services ___ Title 1 Services

Please read and refer to: Stow-Munroe Falls Intra-District Open Enrollment Policy (5113.01)

My signature certifies that I have read, understand, and agree to adhere to Policy 5113.01 Intra-District Open Enrollment including the fact that **acceptance is for only one (1) school year.**

I assume full responsibilities for transporting my child to and from school.

Signature of Parent/Guardian _____ **Date:** ___/___/___

Return Application to: SMF Board of Education, 4350 Allen Road, Stow OH 44224 Attn: Open Enrollment