



Stow-Munroe Falls City School District
2019-2020 Inter-District Open Enrollment Application

APPLICATION DEADLINE FOR NEW STUDENTS: JUNE 1, 2019

ONE APPLICATION PER CHILD

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

RENEWAL _____ NEW APPLICATION _____ BULLDOG ONLINE ACADEMY _____

If you are moving during the school year, what is the effective date of your move? ___/___/___

STUDENT NAME (as stated on birth certificate) _____

PARENT/GUARDIAN NAME _____

ADDRESS _____

CITY _____ ZIP CODE _____ CELL #1 _____ CELL #2 _____

BIRTHDATE: ___/___/___ GENDER: M ___ F ___ CURRENT GRADE ___ BIRTHPLACE CITY _____

GRADE OF STUDENT THIS FALL: ___ WHAT SCHOOL ARE YOU REQUESTING TO TRANSFER? _____

RACE: ___White ___Black/African Am. ___Hispanic ___Asian ___Am. Indian/Alaska Native
___Multi-Race ___Native Hawaiian/Other Pacific Islander

Table with 1 column and 4 rows containing document requirements: THE FOLLOWING DOCUMENTS MUST BE PRESENTED WITH YOUR APPLICATION (PLEASE ATTACH A COPY); Proof of Residence; Birth Certificate; Custody Documents; and a note about divorce/separation.

School student is currently attending _____ District: _____

School student should attend based on current home address _____

If kindergarten, please supply cut-off entry date of district where you live: _____

High School students, is student planning on participating in band or a fall sports program?
YES NO (please circle) Specify program and date it begins: _____

Has your student been suspended for ten (10) consecutive days or expelled during this school year? YES NO (please circle)

Is the student court placed in a district? YES NO (please circle) If answer is yes, what district? _____

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

If YES, please submit a copy of the student's current I.E.P. and Multi-Factored Evaluation (MFE) w/application

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

Please read and refer to: Stow-Munroe Falls Inter-District Open Enrollment Policy (5113)
My signature certifies that I have read, understand, and agree to adhere to Policy 5113 Inter-District Open Enrollment including the fact that acceptance is for only one (1) school year. I have enrolled my child in my home district until I hear of application approval or denial.
I assume full responsibilities for transporting my child to and from school.

Signature of Parent/Guardian _____ Date: _____

OFFICE USE: Date Received ___/___/___ New ___ Renewal ___ Accepted ___ Denied ___
Effective date ___/___/___ SSID# _____ Resident District IRN# _____