



Stow-Munroe Falls City School District

2015-2016 Inter-District Open Enrollment Application

(Request for enrollment by students living outside of the SMF City School District)

Please read and refer to: Stow-Munroe Falls Inter-District Open Enrollment Policy (5113)

1/15

DEADLINE: June 1

Please complete one application per child

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

Name (as stated on birth certificate) _____

Address _____

City _____ Zip _____ Home Phone _____ Cell _____

Date of Birth: _____ Male__ Female__ Grade _____ Birthplace City _____

Grade student will be in this Fall _____ School student wants to transfer to for 2015-2016 _____

Race: __White __Black/African Am. __Hispanic __Asian __Am. Indian/Alaska Native __Multi-Race __Native Hawaiian/Other Pacific Islander

Parent/Guardian Name _____

Table with 1 column and 4 rows containing document requirements: THE FOLLOWING DOCUMENTS MUST BE PRESENTED WITH YOUR APPLICATION (PLEASE ATTACH): 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 student been suspended for ten (10) consecutive days or expelled during this school year? YES NO

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

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

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

OTHER SERVICES ___ 504 Plan ___ ESL Services ___ Title 1 Services

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

Signature of Parent/Guardian _____ Date: _____

Table for Office Use with fields: Date/Time Received, New, Renewal, SSID#, Accepted, Rejected, Signature of Approval, Resident District IRN#, Open Enrollment Effective Date.