



Stow-Munroe Falls City School District
2018-2019 Intra-District Open Enrollment Application

(Request to transfer elementary level student from one building to another)

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

1/18

DEADLINE: April 30

Complete one application per child

Name of Student _____

**Grade Level for
2018-19 School Year** _____

Home School based on 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 _____ Telephone: **Home** _____ **Cell** _____

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

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

OFFICE USE: Date Received: _____	New ___	Renewal ___
Approved ___		
Rejected ___		