Stow-Munroe Falls City School District
2018–2019 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)   1/18
DEADLINE: June 1   **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 Student_____
If you are moving during the school year, what is the effective date of your move? ___/___/___

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 2018-2019 _____

Race: __White   __Black/African Am.   __ Hispanic   __ Asian   __Am. Indian/Alaska Native
         __Multi-Race   __Native Hawaiian/Other Pacific Islander

Parent/Guardian Name _____

THE FOLLOWING DOCUMENTS MUST BE PRESENTED WITH YOUR APPLICATION (PLEASE ATTACH): • **Proof of Residence: utility bill, lease agreement, or home deed (no phone bills please)** • **Birth Certificate (original or certified copy) or Passport (if not a U.S. Citizen)** • **Custody Documents (if applicable)** _Where divorce or separation is involved, guardianship or custody papers are required. To verify guardianship or custody, bring the complete court order, date and time stamped by the court, indicating custody or notice of application for appointment of guardian (from probate court)._

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: _____

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