



**Stow-Munroe Falls City School District**  
**2016-2017 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)

1/16

**DEADLINE: April 30**

**Please complete one application per child**

**Name of Student** \_\_\_\_\_

**Grade Level for  
2016-17 School Year** \_\_\_\_\_

<b>Home School based on current residence</b> (please circle):					
Echo Hills	Fishcreek	Highland	Indian Trail	Riverview	Woodland

<b>Requesting Transfer to the following building</b> (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 ___	Signature of Approval _____	
Rejected ___		