



Stow-Munroe Falls City School District

2016-2017 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)

1/16

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 2016-2017 _____

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)
<i>Where divorce or separation is involved, guardianship or custody papers are needed. 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).</i>

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/Time Received _____ New ____ Renewal ____ SSID# _____
Accepted ____ Rejected ____ Signature of Approval _____
Resident District IRN# _____ Open Enrollment Effective Date: _____