



**Stow-Munroe Falls City School District
2011-2012 Inter-District Open Enrollment Application
(Request for enrollment by students living out of the SMF district)**

Please read and refer to: Stow-Munroe Falls Inter-District Open Enrollment Policy (5113) 2011-12

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

DEADLINE: June 1

Please fill out one application per child

STUDENT INFORMATION

Name (as stated on birth certificate) _____

Address _____

City _____ Zip _____ Telephone: Home _____ Cell _____

Date of Birth: _____ Male ___ Female ___ Race: ___ White ___ African Am. ___ Hispanic ___ Asian
Birthplace City _____ ___ Multi-Race ___ Am. Indian/Alaskan Native

Parent/Guardian Name _____

PROOF OF RESIDENCY Utility Bill, lease agreement, or home deed must be attached to this application

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).

SCHOOL INFORMATION

School student is currently attending _____

Grade student will be in this Fall ____ School student wants to transfer to for 2011-2012 _____

If kindergarten, please supply cut off date entry date of district where you live _____

School student should attend based on current home address _____

For High School students, is student planning on participating in Band or a fall sports program? _____

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 yes, what district? _____

SPECIAL EDUCATION STUDENTS ONLY

Has your child ever been placed on an I.E.P.? YES NO (Please circle one)

If YES, please submit a copy of the student's current I.E.P. and multi-factored evaluation (MFE) w/applic.

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: _____		