



Stow-Munroe Falls City School District
2011-2012 Intra-District Open Enrollment Application
(Request of Transfer from one building to another)

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

rl 11-12

DEADLINE: April 30

Please fill out one application per child

STUDENT INFORMATION

Name of Student _____ Grade Level _____

School of Residence (please circle): Echo Hills Fishcreek Highland Indian Tr. Riverview Woodland

Requesting Transfer (please circle): Echo Hills Fishcreek Highland Indian Tr. Riverview Woodland

Address _____

City _____ Zip _____ Telephone: Home _____ Cell _____

Parent/Guardian Name _____

SCHOOL INFORMATION

Does your child have any siblings in the district that also require a transfer? ___ Yes ___ No

Name of sibling also needing a transfer: _____ Grade level _____

Reason for 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 child to be 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 _____		