



2020-2021 Intra-District Open Enrollment Application

Stow-Munroe Falls Residents Only – Request for a building to building transfer

APPLICATION DEADLINE : **APRIL 30, 2020**

ONE APPLICATION PER CHILD

STUDENT NAME: \_\_\_\_\_ 2020-2021 GRADE LEVEL: \_\_\_\_\_

**HOME SCHOOL BASED UPON CURRENT RESIDENCE: (PLEASE CIRCLE)**

Echo Hills      Fishcreek      Highland      Indian Trail      Riverview      Woodland

**REQUESTING TRANSFER TO THE FOLLOWING BUILDING: (PLEASE CIRCLE)**

Echo Hills      Fishcreek      Highland      Indian Trail      Riverview      Woodland

PARENT/GUARDIAN NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

PHONE: \_\_\_\_\_

**REASON FOR THE REQUEST OF THIS TRANSFER: PLEASE CIRCLE AT LEAST ONE**

DAYCARE      PRIVATE BABYSITTER      PERSONAL PREFERENCE      CLOSER TO HOME

OTHER REASON: \_\_\_\_\_

Has your student been placed on an IEP? YES \_\_\_ NO \_\_\_

ANY OTHER SERVICES: 504 PLAN \_\_\_ ELL \_\_\_ TITLE 1 \_\_\_

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

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 understand that I am responsible for the transportation of my student to and from school.**

Signature of  
Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Parent email address (required): \_\_\_\_\_

Submit this application to:

Stow-Munroe Falls Board of Education, 4350 Allen Road, Stow, OH 44224 (Monday - Friday 8:00 AM – 4:00 PM)

or email to [st\\_neel@smfcsd.org](mailto:st_neel@smfcsd.org)