



## 2021-2022 Inter-District Open Enrollment Application

APPLICATION DEADLINE FOR NEW STUDENTS: **JUNE 1, 2021**

ONE APPLICATION PER CHILD

**New and Renewal Applicants:** Submit application and required documents to:

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

**New Applicants Must Bring:** \*\*Original Birth Certificate \*\*Proof of Address (current utility bill, lease agreement, or home deed) \*\*Parent Driver’s License \*\*IEP/ETR, if applicable \*\*Immunization Records \*\*Custody Documents, if applicable (original court papers stamped by a judge) \*\*Records Release (see attached) \*\*Open Enrollment Application \*\*High School Students must attach last report card/transcripts.

**Renewal Applicants Must Bring:** \*\*New Proof of Address \*\*Updated Custody Documents, if applicable.

Renewal Applicants: feel free to email these documents to [st\\_ncameron@smfcsd.org](mailto:st_ncameron@smfcsd.org).

\_\_\_ Renewal Application / \_\_\_ New Application / \_\_\_ Bulldog Academy Grade of student this fall: \_\_\_

If this application is due to a move during the school year, what is your effective date of move? \_\_\_\_\_

STUDENT NAME: \_\_\_\_\_ GENDER: M \_\_\_ F \_\_\_

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

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

ZIP CODE: \_\_\_\_\_ PHONE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_/\_\_\_/\_\_\_

If Kindergarten through 4<sup>th</sup> Grade – WHAT SCHOOL ARE YOU REQUESTING:

1<sup>st</sup> Choice \_\_\_\_\_ 2<sup>nd</sup> Choice \_\_\_\_\_ 3<sup>rd</sup> Choice \_\_\_\_\_

Race: White \_\_\_ Black/African Am. \_\_\_ Hispanic \_\_\_ Am. Indian/Alaska Native \_\_\_ Multi-Race \_\_\_ Native Hawaiian/Other Pacific Islander \_\_\_

School District student should attend based on current home address: \_\_\_\_\_

HIGH SCHOOL/MIDDLE SCHOOL STUDENTS: IS YOUR STUDENT INTERESTED IN BAND OR A FALL SPORTS PROGRAM? YES \_\_\_ NO \_\_\_ IF YES, PROGRAM NAME: \_\_\_\_\_

Has your student been suspended for ten consecutive days or expelled? YES \_\_\_ NO \_\_\_ If yes, what district? \_\_\_\_\_

Is the student court placed in a district? YES \_\_\_ NO \_\_\_ If yes, what district? \_\_\_\_\_

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 Inter-District Open Enrollment Policy (5113)*

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 student in my home district until I receive confirmation if my application is approved or denied. **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): \_\_\_\_\_