

STREETSBORO CITY SCHOOLS

Open Enrollment Application

Please note that you must apply for Open Enrollment each year and approval is based on student/teacher ratios and other criteria stated in the guidelines. The district will notify you, in writing, of approval or denial of this request by July 10th.

Student Name: _____ Date of Birth: _____
(First and Last Name)

School Year: _____ Grade _____ Resident School District (City/School Name): _____

Name of Parent/Guardian: _____

Address: _____ City: _____ State: _____ Zip: _____

Cell Phone: _____ Email Address: _____

Reason for request: _____

Has this student recently been expelled or suspended for 10 or more days? Yes _____ No _____

Is student in any special education programs or have an IEP? Yes _____ No _____

Please check the appropriate disability condition below:

- Specific Learning Disability (LD) Multiple Handicap (MH) Orthopedic Impairment (ORTH)
- Cognitive Disability (CD/DH) Autism (ATM) Hearing Impairment (HI)
- Speech/Language Impairment (SP) Visual Impairment (VI) Deaf/-Blindness (DB)
- Emotional Disturbance (ED/SBH) Traumatic Brain Injury (TBI) Other Health Impairment (OHI)

As stated in the Administrative Guidelines 5113, Streetsboro City Schools is NOT responsible for providing bus service to students attending under the Open Enrollment Policy. The District may consider transportation only within the district limits or if space on bus is available.

Are you requesting transportation? Yes _____ No _____

Pick-up/drop-off address: _____ Name of Family/Daycare: _____

Important: → **The open enrollment agreement form, a copy of the child's birth certificate and one proof of residency (deed, lease/mortgage agreement, utility bill, current home owner or renter insurance policy, current tax bill, current driver's license or paycheck with current address) must accompany this form in order for it to be processed.**

Parent/Guardian Signature: _____ Date: _____

In order for this application to be considered for approval, it must be received in the office **NO LATER** than **JUNE 15th**. Qualified applicants will be admitted in the order that completed applications are received, based on building, grade level, and program capacity.

Return this form to:
Attn: Superintendent's Office
Streetsboro City Schools
9000 Kirby Lane
Streetsboro, Ohio 44241

For Office Use Only:

_____ New Application _____ Renewal Application Date Received: _____

Approved _____ Rejected _____

Reason for Rejection: _____

Superintendent's Signature: _____ Date: _____

SSID _____

District IRN: 049239