

**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 10<sup>th</sup>.

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 15<sup>th</sup>**. 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

**Streetsboro City Schools**

**Parent/Guardian Agreement to Open Enrollment**

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We have been properly informed that if our child is to be enrolled in a school in the Streetsboro City School District, we will agree to the following conditions:

- A. Although unlikely, our child may not be admitted or may need to be transferred back to his/her home school at the end of the school year, if the maximum number of enrollments in the classroom or program s/he is attending becomes filled by students of that school district or by tuition students.
  
- B. If your child should require special education services or a reasonable accommodation for a Section 504 disability, which Streetsboro is not able to provide, s/he may be transferred back to a school in the district of residence to provide such services or can make the accommodation.
  
- C. We shall provide the transportation for our child either to the school s/he will be attending or to a school bus stop within that school district, provided space is available on that bus.
  
- D. We understand that we must make the application again next year.

Student Name: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Return this form (along with the application) to:**  
**Attn: Superintendent's Office**  
**Streetsboro City Schools**  
**9000 Kirby Lane**  
**Streetsboro, Ohio 44241**

**For Office Use Only:**

Date Received: \_\_\_\_\_