

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: _____ Sex: Male ___ Female ___
(First and Last Name)

Date of Birth: _____ SY: _____ Grade: _____

Resident School District (City/School Name): _____

Name of Parent(s)/Guardian(s): _____

Address: _____ City/State/Zip: _____

Home Phone: _____ Cell Phone: _____

Reason for request: _____

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

If yes, when and why? _____


Does this student have an IEP or 504 Plan? Yes _____ No _____

If yes, a copy of the IEP or 504 MUST be attached to this application.

Are you requesting transportation? Yes _____ No _____

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

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.

Important:  **A copy of the child's birth certificate and one proof of residency must accompany this form in order for it to be processed.** (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)

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