

Streetsboro City Schools

Parent/Guardian Agreement to Open Enrollment

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/Time Received: _____