

Crestwood Local Schools

2016~2017 Inter-District Open Enrollment Application

____ New Application ____ Renewal Application

Student Name: _____ Date of Birth _____ Grade for 16/17 school year: _____

Resident School District: _____

Name of Parent/Guardian: _____

Mailing Address: _____

Physical Address: _____
(If different than mailing address.)

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Reason for transfer request: _____

****IMPORTANT NOTE: AT LEAST ONE PROOF OF RESIDENCY MUST ACCOMPANY THIS FORM (i.e., deed, lease/mortgage agreement, utility bill, current home owner or renter insurance policy, current tax bill, official voter registration card, paycheck with current address, purchase or construction contract) another due in within 30 days.**

Has this student been expelled or suspended for 10 or more days during this semester or the preceding semester?
____ Yes ____ No

Is student enrolled in any special education programs or do they have an IEP (A copy of the IEP and ETR is required to be submitted with the application)? ____ Yes ____ No

Please check the appropriate disability condition(s) 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)

Is this child Hispanic/Latino? Y or N

Is this child from one or more of the following races? (please circle one or more)

White, Non-Hispanic Asian American Indian/Alaskan Native Black /African American Native Hawaiian/Pacific Islander

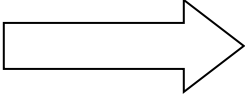
As stated in the Administrative Guidelines 5113, Crestwood Local Schools is NOT responsible for providing bus service to students attending under the Open Enrollment Policy. The District may consider transportation only within district limits and if space on bus is available. Please note that you must 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 August 15.

Are you requesting transportation? ____ Yes ____ No

Pick-up/drop-off address: _____

Name of Family/Daycare: _____ Phone No. _____

Parent/Guardian Signature: _____ Date: _____

<p>In order for this application to be considered for approval, it must be received in the office NO LATER than June 15, 2015. Qualified applicants will be admitted in the order that completed applications are received, based on building, grade level, and program capacity. For questions, please call Teri Beck at (330) 357-8206 Extension 5012.</p>	<p>Return This Form To:</p> 	<p>TERI BECK CRESTWOOD LOCAL SCHOOLS 4565 WEST PROSPECT STREET MANTUA, OH 44255</p>
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For Office Use Only:

____ Approved ____ Rejected Date/Time Received: _____

Reason for Rejection: _____

Superintendent Designee's Signature: _____ Date: _____