

Crestwood Local Schools

2010~2011 Inter-District Open Enrollment Application

New Application Renewal Application Date/Time Received: _____

Student Name: _____ Date of Birth _____ Grade for 10/11 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: _____

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? Yes No

Please check the appropriate disability condition(s) below:

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

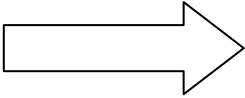
As stated in the Administrative Guidelines 5113, Crestwood Local Schools is NOT responsible for providing bus service to students attending under the Open Enrollment Policy. The District may consider transportation only within district limits and if space on bus is available. Please note that you must 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, 2010. Qualified applicants will be admitted in the order that completed application are received, based on building, grade level, and program capacity.</p>	<p>Return This Form To:</p> 	<p>TERI BECK CRESTWOOD LOCAL SCHOOLS 4571 WEST PROSPECT STREET MANTUA, OHIO 44255</p>
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For Office Use Only:

Approved **Rejected**

Reason for Rejection: _____

Superintendent Designee's Signature: _____ Date: _____

