

Crestwood Local Schools

2022~2023 Inter-District Open Enrollment Application

**IMPORTANT NOTE: AT LEAST ONE PROOF OF RESIDENCY MUST ACCOMPANY THIS FORM even if your child was open enrolled before and you have not moved, (i.e., deed, lease/mortgage agreement, purchase/construction contract, current property tax statement, official voter registration card, an electric or gas bill, or a notarized affidavit of residency (Form 5111 F2a) if none of the other proofs are available or if you live with someone else.

Student Name: _____ Date of Birth _____ Grade for 22/23 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 (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. _____

Return This Form To: TERI BECK CRESTWOOD LOCAL SCHOOLS 10880 John Edward Drive MANTUA, OH 44255 or you may email to tbeck@crestwoodschoools.org For questions call Teri Beck at (330) 357-8206 ext. 5012

(Parent/Guardian Signature)

(Date)

Approved Rejected

For Office Use Only:

Date/Time Received: _____

Reason for Rejection: _____

Superintendent Designee's Signature: _____ Date: _____

Crestwood Local Schools

Parent/Guardian Agreement to an Inter-District Open Enrollment

We have been properly informed that if our child is to be enrolled in a school in the Crestwood Local 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 become filled by students of that school district or by tuition students.
- B. If our child should require special education services or a reasonable accommodation for a Section 504 disability, which Crestwood is not able to provide, s/he may be transferred back to a school in that district that currently provides 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 Signature: _____

Parent/Guardian Signature: _____

Date: _____