Sheffield-Sheffield Lake City Schools

Open Enrollment Form

NEW 2026-2027

Office Use Only
Received:
Time:
Initials:

1824 Harris Road
Sheffield, OH 44054

Phone: **440-949-6181**
Email: openenrollment@sheffieldschools.org

Applicant Information

Student Name: _____
Last *First* *M.I.*

Social Security No.: _____ Birth Date: _____

School Attended Last Year: _____ Grade Entering: _____

Parent/Guardian Name: _____

Address: _____
Street Address *Apartment/Unit #*

_____
City *State* *ZIP Code*

Home Phone: _____ Work Phone: _____

Email: _____

School District of Residence: _____

Was your child suspended or expelled in the past year? If "yes," explain on the line below:

_____

Check all areas below that are appropriate for this student.

The student has a current IEP? (Attach Copy) YES ☐ NO ☐

The student has been identified with the following disability:

Speech Only YES ☐ NO ☐

Cognitive Disability YES ☐ NO ☐

Autism YES ☐ NO ☐

Learning Disability YES ☐ NO ☐

Emotional Disturbance YES ☐ NO ☐

Health Impaired YES ☐ NO ☐

Other (please list): YES ☐ NO ☐

Experiences:

Home Instruction YES ☐ NO ☐

Prior Year Open Enrollment YES ☐ NO ☐

Joint Vocational School YES ☐ NO ☐

Prior Tuition Student YES ☐ NO ☐

Student Previously Enrolled at SSLCS YES ☐ NO ☐

Former District Resident YES ☐ NO ☐

Previous Address/Last Year in District:

I have read and understand this application and the accompanying regulations attached. I further agree to each of these conditions as set forth in the Sheffield-Sheffield Lake City Schools Interdistrict Enrollment Program. This application must be fully completed, signed by **May 31, 2026**. Applications are to be returned to the Superintendent's Office. Applications will be based on available space and on a first come, first serve basis. False statements will lead to reconsideration of acceptance and possible removal. If at any time space becomes limited, open enrollment students may no longer qualify for open enrollment to make room for district resident students. No student shall be denied admission to the Sheffield-Sheffield Lake City Schools or to a particular course or instructional program or otherwise discriminated against for reasons of race, color, national origin, sex and handicap or any other basis or unlawful discrimination.

Signature of Parent/Guardian: _____ Date: _____

OFFICE USE ONLY

Approved: YES ☐ NO ☐ ***Signature of Superintendent*** _____

Comments: _____