Date: _____

SPRINGFIELD LOCAL SCHOOL

2026- 2027

OPEN ENROLLMENT APPLICATION

(2141 Pickle Road, Akron, Ohio 44312,Attn: Michelle Nagle

sp__nagle@springfieldspartans.org

All Information on the registration must be complete or application will be rejected

ALL APPLICANTS MUST PROVIDE A COPY OF THE BIRTH CERTIFICATE AND TWO (2) PROOFS OF RESIDENCY

Student Name _____
Last First Middle

Home Address _____

City _____ State _____ Zip _____

Grade Level for **26/27** school year _____ Home Phone _____

Birth Date: _____ Sex: M_____ F_____

Ethnicity: Is the student Hispanic/Latino Yes ____ No ____

Race: Is the student from one or more of the following races **(circle all that apply)** White / Non-Hispanic
Hispanic/Latino Asian Black/ African-American
Native Hawaiian or Pacific Islander American Indian or Alaskan Native

Parent/Guardian Name _____ Spouse's Name _____

School Child Currently Attends _____

School District of Residence**(based on the home address)** _____

Has student been suspended or expelled during the 2025-2026 Yes No

Sibling Information: Names of brother(s)/sister(s) currently enrolled in the school district which you are applying

Name _____ School _____

Name _____ School _____

Special Education Students Only

Please fill out the following information only if the student requesting the application has an IEP (Individualized Education Plan), MFE (Multifactor Evaluation) or is enrolled in a Special Education program.

Specific Learning Disability _____ Cognitive Disabilities _____
Multiple Disabilities _____ Emotional Disturbance _____
Speech or Language Impairment _____ Deaf - Blindness _____
Other Health Impairment (Major) _____ Traumatic Brain Injury _____
Other Health Impairment (Minor) _____ Orthopedic Impairment _____
Visual Impairment _____ Autism _____
Deafness _____ 504 Plan _____

Please provide copy of IEP and MFE

Signature of Parent/Guardian _____ Date _____

Approved By _____ Date _____

Denied By _____ Date _____