

Sheffield-Sheffield Lake City Schools

Open Enrollment Form
NEW 2020-2021

Office Use Only
Received:
Time:
Initials:



1824 Harris Road
Sheffield, OH 44054

Phone: 440-949-6181
Email: celliot@sheffieldschools.org

Applicant Information

Student Name: _____ Birth Date: _____
Last First M.I.

Race: _____ Social Security No.: _____ Sex: _____

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 YES NO
Copy) = =

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): = =

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 = =

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, 2020.** 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: _____