

Sheffield-Sheffield Lake City Schools

Open Enrollment Form Instructions

NEW 2024-2025

1824 Harris Road
Sheffield, OH 44054

Phone: 440-949-6181

Email: openenrollment@sheffieldschools.org

INSTRUCTIONS

1. On the Sheffield-Sheffield Lake City Schools Open Enrollment website page, click on the image of the open enrollment application (image of application shown to the right).

2. A fillable PDF version of the application will open in a new window. To fill out the application, click into the field that needs to be filled and start typing. As long as you stay on the page and do not close the window, the typed information will remain. **If you close the window and click on the application image again, a new blank application will appear and all previously typed information will be lost.**

3. Be sure to provide information for all of the requested fields and check the appropriate boxes for the bottom half of the application.

4. When the application form has been completed, the parent/guardian should type his/her name in the box provided and type the appropriate signature date.

Sheffield-Sheffield Lake City Schools
Open Enrollment Form

Office Use Only
Received:
Time:
Initials:

1824 Harris Road
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Applicant Information

Student Name: Last First MI Birth Date: _____
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

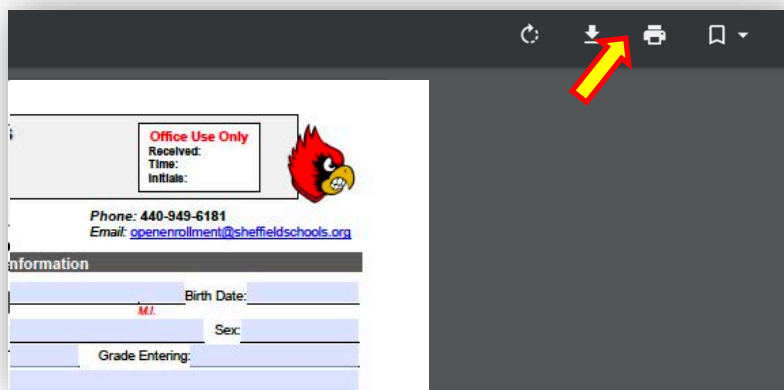
The student has a current IEP? (Attach copy)	YES	NO	Experiences:	YES	NO
The student has been identified with the following disability:			Home Instruction	YES	NO
Speech Only	YES	NO	Prior Year Open Enrollment	YES	NO
Cognitive Disability	YES	NO	Joint Vocational School	YES	NO
Autism	YES	NO	Prior Tuition Student	YES	NO
Learning Disability	YES	NO	Student Previously Enrolled at SSLCS	YES	NO
Emotional Disturbance	YES	NO	Former District Resident	YES	NO
Health Impaired	YES	NO	Previous Address/Last Year in District:	YES	NO
Other (please list): _____	YES	NO			

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 Inclusion/Enrollment Program. This application must be fully completed, signed by **May 31, 2024**. 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: _____

Approved: YES NO Signature of Superintendent: _____

Comments: _____



5. Now that the entire application has been completed, it is necessary to **save the completed form as a PDF on your computer.** Click on the printer icon in the upper-right corner of the online PDF window to start the saving process (image to the left).

6. A new window will appear with the image of the form and printing options. **YOU DO NOT WANT TO PRINT IF YOU ARE SENDING THE APPLICATION VIA EMAIL.** If you are printing the document to take to the district office, choose your printer and begin printing. If you are emailing the saved pdf to the district office, change the “Destination” to say “Save as PDF” as shown below.

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Applicant Information

Student Name: Last First MI Birth Date:
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 Copy) YES NO
Experiences:
The student has been identified with the following disability:
Speech Only YES NO Home Instruction YES NO
Cognitive Disability YES NO Prior Year Open Enrollment YES NO
Autism YES NO Joint Vocational School YES NO
Learning Disability YES NO Prior Tuition Student YES NO
Emotional Disturbance YES NO Student Previously Enrolled at SSLCS YES NO
Health Impaired YES NO Former District Resident YES NO
Other (please list): 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, 2021. 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:

Print 1 page
Destination: Save as PDF
Pages: All
Pages per sheet: 1
Print using system dialog... (⌘P)
Open PDF in Preview
Cancel Save

7. Leave the rest of the fields as they are and click on “Save.” A window will appear to save the PDF file you just completed to your computer. Choose a location for the file and click “Save.” Your application is now ready to be added to an email.

Save As: BSLCS Open Enrollment Applicant
Tags:
Documents
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