

Sheffield-Sheffield Lake City Schools

Open Enrollment Form

NEW 2024-2025

Office Use Only

Received:

Time:

Initials:



1824 Harris Road
Sheffield, OH 44054

Phone: 440-949-6181

Email: openrollment@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 YES NO
Copy) = =

Experiences:

The student has been identified with the YES NO
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 = =

Health Impaired YES NO
= =

Previous Address/Last Year in District:

Other (please list): = =

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, 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: _____

OFFICE USE ONLY

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

Comments: _____