Home School______________________

STRONGSVILLE CITY SCHOOLS
INTRA-DISTRICT OUT-OF BOUNDARY APPLICATION
Applications are considered in the order in which
they are received at the Student Services Office, 18199 Cook Ave.
Any questions, please call 440-572-7048

Application for School Year: _________________ Name of Student: ______________________________

Grade in School for School Year listed above: _____ Name of Parent/Guardian: ______________________________

Requested School: ________________ Address: _____________________________________________

Requested School: ________________ Address: _____________________________________________

Zip: ____________________

Parent Telephone – Day: _______________________ Evening: ___________________________

Applications for enrollment must be submitted by July 10. Please note there will be
no exceptions to this deadline. Decisions on Out of Boundary Requests will be
communicated by the Superintendent by July 31.
Transportation for students approved for out-of-boundary placement shall be the responsibility
of parents/guardians.

**Once approved assignment to a school outside a student’s
attendance area shall be permanent.

Reason for Request:

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Parent/Guardian Signature: ______________________________ Date: ______________________

FOR OFFICE USE ONLY

Date/Time Received: ______________________

Revised 01/17