

**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: _____
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: _____

Parent/Guardian Signature: _____ Date: _____

FOR OFFICE USE ONLY

Date/Time Received: _____