

**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 **2016/2017**

Name of Student: _____

Grade in School **2016/2017**: _____

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 Supervisor of Student Services 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: _____