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# Intradistrict Open Enrollment Plan

## 2017-2018 Application Form

*Please print or type all information. Complete one application per child.*

**Child's Name:** \_\_\_\_\_

**Grade in 2017-2018:** \_\_\_\_\_ **Student I.D. #** \_\_\_\_\_

**Current School:** \_\_\_\_\_

**School of Residence:** \_\_\_\_\_

**Requested School:** \_\_\_\_\_

**Parent/Guardian:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Do you have another child in the school you are requesting?**

Yes  No  **Grade**\_\_\_\_ **Child's Name:**\_\_\_\_\_

**Does your student receive Special Education Services?**

Yes  No

**Parent's signature**\_\_\_\_\_

**Return completed applications to:**

Office of Registration, 14780 Superior Road, Cleveland Heights, Ohio 44118.  
Call 371-7430 with questions.

Completed applications may be emailed to [chuhreg@chuh.org](mailto:chuhreg@chuh.org) or faxed to (216) 371-7177.

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