

2020-2021 OPEN ENROLLMENT APPLICATION  
Western ReserveLocalSchool District

_____		_____		_____	
(Last Name)		(First Name)		(Middle Name)	
_____		_____		_____	
(Street Address)		(City)	(State)	(Zip Code)	
Birth date _____	Place of Birth _____	Race _____	Sex _____		

Parent/Guardian Name \_\_\_\_\_

Phone # (\_\_\_\_) \_\_\_\_\_ Grade level \_\_\_\_\_

Present School District of Residence \_\_\_\_\_

School Building last attended \_\_\_\_\_

Is student enrolled in any special program? \_\_\_\_\_

If yes, please check areas appropriate to this child:

<input type="checkbox"/> Developmentally Handicapped	<input type="checkbox"/> Speech
<input type="checkbox"/> Learning Disabled	<input type="checkbox"/> Joint Vocational School
<input type="checkbox"/> Severe Behavioral Handicapped	<input type="checkbox"/> Other; Explain _____
<input type="checkbox"/> 504 Plan	_____

If the student is a transferring high school student, what courses are required for graduation?

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_,  
 \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Applications must be received in the Superintendent's Office by May 31, 2020. Requests will be acted upon by June 30, 2020. *Parents must indicate acceptance to transfer on or before July 31, 2020.***

Superintendent of Schools  
Western ReserveLocalSchool District  
3765 US Rt. 20 East  
Collins, Ohio 44826  
(419) 660-8508  
OPEN ENROLLMENT APPLICATION

(see other side)

Please identify the status of your request. Your request may be given preference for only the following reasons according to Western Reserve Board Policy. All applications will be considered on a first come, first served basis. Check only those that apply to your situation.

\_\_\_\_\_ Prior tuition student

\_\_\_\_\_ Prior year open enrollment

\_\_\_\_\_ Member of same family in residence admitted to Western Reserve Local Schools

\_\_\_\_\_ Former district resident or native student

List former address: \_\_\_\_\_

List residence year(s) date(s): \_\_\_\_\_

\_\_\_\_\_ Grandparent is currently a district resident. List:

Name of grandparent \_\_\_\_\_

Address, City, State, Zip Code \_\_\_\_\_

Phone: area code (     ) \_\_\_\_\_

\_\_\_\_\_ Parent is a Western Reserve graduate or former Western Reserve student:

Parent name: \_\_\_\_\_  
(Include maiden name if applicable)

List former address: \_\_\_\_\_

List years of attendance: \_\_\_\_\_

List year of graduation from Western Reserve: \_\_\_\_\_

\_\_\_\_\_ Parent is an employee of the Western Reserve Schools

Office Use Only: Received by \_\_\_\_\_ Date \_\_\_\_\_, Time \_\_\_\_\_

Approved \_\_\_\_\_ Rejected \_\_\_\_\_ Signature of official \_\_\_\_\_

Reasons: \_\_\_\_\_