5113 F4

**Open Enrollment Application**

***\*Fill Out Only If Applicable\****

2019-2020 OPEN ENROLLMENT APPLICATION

Western Reserve Local School 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SchoolBuilding last attended \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

If yes, please check areas appropriate to this child:

\_\_\_\_\_ Developmentally Handicapped \_\_\_\_\_ Speech

\_\_\_\_\_ Learning Disabled \_\_\_\_\_ JointVocational School

\_\_\_\_\_ Severe Behavioral Handicapped \_\_\_\_\_ Other; Explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_ 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, 2019. Requests will be acted upon by June 30, 2019. *Parents must indicate acceptance to transfer on or before July 31, 2019.***

Superintendent of Schools

# Western ReserveLocalSchool District

3765 US Rt. 20 East

Collins, Ohio 44826 (see other side)

(419) 660-8508

OPEN ENROLLMENT APPLICATION

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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_