



FOR SCHOOL USE ONLY:  
Date Received: \_\_\_\_\_  
Time Received: \_\_\_\_\_  
Received By: \_\_\_\_\_

### 2018-2019 Controlled Open Enrollment Application for Attendance

**Applications MUST be complete, including supporting documentation and proof of residence, to be considered for enrollment.**

Applications for the upcoming school year are due to the requested school by **March 16**. Applications will only be accepted after this date if requested school is not at capacity or in hardship cases.

**No student subject to current expulsion or suspension may apply for Controlled Open Enrollment. 1002.31 F.S.**

I confirm my student is not currently subject to an expulsion or suspension. \_\_\_\_\_ (Parent Initial)

Requesting enrollment for: \_\_\_\_\_ School  Current School Year  
Zoned School: \_\_\_\_\_  Upcoming School Year

#### **REASON FOR REQUEST**

*Please check one of the reasons below.*

- Child of WCSD Employee Name of Parent: \_\_\_\_\_ School/Department: \_\_\_\_\_
- Sibling attends requested school Name of sibling: \_\_\_\_\_
- Unique Conditions such as foster care placement, court ordered change in custody or hardship cases that affect the student's health, safety and/or welfare (attach additional pages with justification and/or supporting documents)
- Program/Curriculum (attach additional pages with justification and/or supporting documents)
- Child of Active Duty Military (attach proof of active duty military status; i.e. copy of military orders or ID)

#### **STUDENT INFORMATION**

1. Student Name: \_\_\_\_\_ Student Grade (2018-2019): \_\_\_\_\_
2. Did your child attend a Walton County school for the 2017-2018 school year? \_\_\_\_ YES \_\_\_\_ NO  
***If yes, please answer the questions below:***
  - a) School Name: \_\_\_\_\_
  - b) Student Grade (previous year): \_\_\_\_\_
3. Student Address: \_\_\_\_\_
4. Home Phone Number: \_\_\_\_\_
5. Has your child been enrolled in any Special Programs? \_\_\_\_ YES \_\_\_\_ NO  
***If yes, please check which Special Programs below:***  
\_\_\_\_ ESE \_\_\_\_ 504 \_\_\_\_ Gifted \_\_\_\_ ESOL \_\_\_\_ MTSS Other: \_\_\_\_\_
6. Parent/Guardian Name: \_\_\_\_\_  
Parent Phone Number: \_\_\_\_\_ Parent e-mail: \_\_\_\_\_  
Parent Signature: \_\_\_\_\_

#### **TO BE COMPLETED BY THE REQUESTED SCHOOL**

- Approve  Deny Comments: \_\_\_\_\_
- Principal/Designee Signature: \_\_\_\_\_ Date: \_\_\_\_\_