

FOR SCHOOL USE ONLY:

Date Received: \_\_\_\_\_

Time Received: \_\_\_\_\_

Received By: \_\_\_\_\_

## 2017-2018 Controlled Open Enrollment Application for Attendance

**Applications MUST be complete, including supporting documentation, to be considered for enrollment.**

Applications for the upcoming school year are due to the requested school by **April 28**. 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:  Current School Year  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: \_\_\_\_\_
2. Student Grade (2017-2018): \_\_\_\_\_
3. Did your child attend a Walton County school for the 2016-2017 school year?  YES  NO  
*If yes, please answer the questions below:*
  - a) School Name: \_\_\_\_\_
  - b) Student Grade (previous year): \_\_\_\_\_
4. Student Address: \_\_\_\_\_
5. Home Phone Number: \_\_\_\_\_
6. 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: \_\_\_\_\_
7. Parent/Guardian Name: \_\_\_\_\_  
Parent Phone Number: \_\_\_\_\_ Parent e-mail: \_\_\_\_\_

### TO BE COMPLETED BY THE REQUESTED SCHOOL

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