



FOR SCHOOL USE ONLY:	
Date Received:	_____
Time Received:	_____
Received By:	_____

2019-2020 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 15**. 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	
<i>Please check one of the reasons below.</i>	
<input type="checkbox"/> Child of WCSD Employee	Name of Parent: _____ School/Department: _____
<input type="checkbox"/> Sibling attends requested school	Name of sibling: _____
<input type="checkbox"/> 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)	
<input type="checkbox"/> Program/Curriculum (attach additional pages with justification and/or supporting documents)	
<input type="checkbox"/> 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 (2019-2020): _____
2. Did your child attend a Walton County school for the 2018-2019 school year?	____ YES ____ NO
<i>If yes, please answer the questions below:</i>	
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
<i>If yes, please check which Special Programs below:</i>	
____ 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	
<input type="checkbox"/> Approve	<input type="checkbox"/> Deny
Comments: _____	
Principal/Designee Signature: _____	Date: _____