



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

### 2020-2021 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 13, 2020**. 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 Initials)

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

<b>REASON FOR REQUEST</b>	
<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)

<b>STUDENT INFORMATION</b>	
1.	Student Name: _____ Student Grade (2020-2021): _____
2.	Did your child attend a Walton County school for the 2019-2020 school year? _____ YES _____ NO
<b><i>If yes, please answer the questions below:</i></b>	
a)	School Name: _____
b)	Student Grade (previous year): _____
3.	Student Address: _____ <small>(Street) (City, State) (Zip)</small>
4.	Home Phone Number: _____
5.	Has your child been enrolled in any Special Programs? _____ YES _____ NO
<b><i>If yes, please check which Special Programs below:</i></b>	
	_____ ESE _____ 504 _____ Gifted _____ ESOL _____ MTSS Other: _____
6.	Parent/Guardian Name: _____
	Parent Phone Number: _____ Parent e-mail: _____
	Parent Signature: _____

<b>TO BE COMPLETED BY THE REQUESTED SCHOOL</b>	
<input type="checkbox"/>	Approve
<input type="checkbox"/>	Deny
Comments: _____	
Principal/Designee Signature: _____ Date: _____	



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