



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

### 2022-2023 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 **May 27, 2022**. 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: \_\_\_\_\_ 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 (2022-2023): _____
2. Did your child attend a Walton County school for the 2021-2022 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: _____	
	(Street) (City, State) (Zip)
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: _____	Date: _____

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