WC-19

WESTERVILLE CITY SCHOOLS INTRA-DISTRICT OPEN ENROLLMENT APPLICATION

(One student per application, per year)

Date Received: Time Received: (for office use only)	
Student Name:	Parent Phone #:
Address:	E-Mail:
City: Zip Code:	Student Current Grade Level:
Parent/Guardian Name:	School year applying for:
Assigned Homeschool:	Grade Level applying for: (If KG: ADK or ½ Day)
School student wishes to attend:	
Sibling: Y or N Sibling's name and current grade:	
If this request is due to a change of address, of Address Form and provide two proof of res Rationale for request:	please visit the WCS Enrollment Center to complete a Change sidency documents.
understand that providing false informat	es of the Intra-district Open Enrollment Application. I also tion may result in student returning to home school.
Parent/Guardian Signature	Date
Weste Attr	[] Approved [] Denied erville City Schools n: K. Eisenman
	orive, Westerville, OH 43081 or E-Mail: eisenmak@wcsoh.org
	to the IB program, magnet program, vocational schools, or special education program into those schools/programs are available upon request.