

**WOOD COUNTY SCHOOLS
OUT OF COUNTY ENROLLMENT APPLICATION**

Student Name _____ Date of Birth _____

County of Residence _____ School Year _____

Grade Level for Upcoming School Year _____

Reason(s) for Out of County Request _____

Name of Legal Guardian(s)/Parent(s) _____

Relationship to Student (If Other Than Parent) _____

Address _____

City State Zip

Phone (Home) _____ Cell _____

Email Address _____

*** I understand and agree that the approval of this application by Wood County Schools is granted for ONE year and that Out of County students must reapply before May 31st of each calendar year.**

*** I also understand and agree that the approval of this application may be rescinded by Wood County Schools if the student develops significant problems with regard to behavior or attendance or if the district enrollment pushes class size beyond the maximum allowed by law.**

*** NOTE: Transportation of students requesting Out of County enrollment will be the sole responsibility of the legal parent/guardian.**

Legal Guardian/Parent Signature _____ Date _____

***** **FOR OFFICE USE ONLY** *****

Date Received _____ Board Meeting Date _____

Approved _____ Yes _____ No _____ Reason for Denial _____

Copies _____ Sending Superintendent
_____ Director of Elementary Education or
_____ Assistant Superintendent, Director of Secondary Education