

**WOOD COUNTY SCHOOL - HMS
VOLUNTARY OUT-OF-DISTRICT SCHOOL
ENROLLMENT APPLICATION**

***A separate application is required for each student**

Name of Student _____ Date of Birth _____

Name of Attendance Area School (home school) _____

Grade Level of Student for 2022-23 School Year _____

Reason(s) for request to transfer to this "Out-of-District" School _____

Name of Legal Guardian/Parent _____

Relationship, if other than Parent _____

Address of Legal Guardian/Parent _____

_____ City State Zip Code

Phone (land line) _____ Phone (cell) _____

I agree if my child is approved for out-of-district at HMS a copy of his/her certified birth certificate and proof of custody will be provided with the contract.

I understand that approval is granted for one year only and my child may have to return to his/her home school the following year.

I also understand current out-of-district students must reapply on or before May 31 of each calendar year. Re-enrollment of my child in an out-of-district school is based upon whether an application is received by the date indicated.

Legal Guardian/Parent Signature _____ Date _____

NOTE: Transportation of student transferred at legal guardian/parent request shall be the sole responsibility of the legal guardian/parent.

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FOR OFFICE USE ONLY

Date Received _____ Time Received _____

Approved _____

Denied _____

Reason for Denial _____

Principal's Signature _____

Copies: _____ Sending School Principal
_____ Director of Elementary or Secondary Schools

Contract: _____ Mailed _____ Received