

**OPEN ENROLLMENT APPLICATION  
WIRT COUNTY BOARD OF EDUCATION**

1. Full Legal Name of Student: \_\_\_\_\_
2. Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_
3. Grade for 2020-2021: \_\_\_\_\_
4. Gender: Female or Male
5. Parent/Guardian \_\_\_\_\_
6. Telephone (Helpful to have more than one): \_\_\_\_\_
7. Resident Address Street/Box, City, Zip, County: \_\_\_\_\_  
\_\_\_\_\_
8. Email Address \_\_\_\_\_
9. Resident County \_\_\_\_\_ School \_\_\_\_\_
10. Is this application a request to continue education in Wirt County Schools following a move to a new school district? Yes or No
11. Is this application a request to continue your Open Enrollment in Wirt County Schools?  
Yes or No
12. Please indicate if the applicant has a sibling currently under open enrollment.  
Sibling Name: \_\_\_\_\_ School open enrolled \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
13. The student will be enrolled in the following (check all that apply):  
Regular Education \_\_\_\_\_ Special Education \_\_\_\_\_
14. Is your child currently eligible for and receiving special education services? Yes or No  
(Check all that apply)  

_____ Autism	_____ Blindness and Low Vision
_____ Deaf/blindness	_____ Deafness
_____ Developmental Delay	_____ Emotional/Behavioral Disorder
_____ Gifted	_____ Hard of Hearing
_____ Intellectual Disability	_____ Orthopedic Impairment
_____ Other Health Impairment	_____ Specific Learning Disability
_____ Speech/Language Impairment	
15. Is your child currently being evaluated for special education services? Yes or No
16. Is your child currently receiving English Language Learning services? Yes or No

17. Is the student currently under suspension or expulsion from school? Yes or No

If yes, when will the suspension / expulsion be complete? \_\_\_\_\_

18. Will you request transportation assistance? Yes or No

**19. This section should be completed if the application is being filed after March 1. Please indicate the circumstances which prompted this waiver request:**

\_\_\_\_\_ Change in family district of residence

\_\_\_\_\_ Change in the marital status of the student's parents resulting in a change of residence

\_\_\_\_\_ Placement of the student in foster care resulting in a change of residence

\_\_\_\_\_ Adoption

\_\_\_\_\_ Participation in a foreign exchange program

**\*I certify the above information is true.**

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date Signed

**\*CAUTION: Knowingly providing false information on this form will invalidate the application.**

**Receiving District**

The receiving district has the authority to take action on all applications (before or after deadline),

Date application was received: \_\_\_\_\_

**If the child has an IEP date of consultation with the resident county shall be arranged before approval of the application.**

Approved: \_\_\_\_\_

\_\_\_\_\_  
Signature of Superintendent

\_\_\_\_\_  
Date Signed

Denied \_\_\_\_\_

\_\_\_\_\_  
Signature of Superintendent

\_\_\_\_\_  
Date of School Board Action

If denied, indicate reason:

\_\_\_\_\_ Request was not filed by March 1 and does not meet good cause.

\_\_\_\_\_ Insufficient classroom space.

\_\_\_\_\_ Student under suspension or expulsion.

\_\_\_\_\_ Appropriate special education program is not available.