

WOLF CREEK LOCAL SCHOOLS INTERDISTRICT OPEN ENROLLMENT APPLICATION

This application MUST be returned to the Wolf Creek Local Superintendent's office by May 1.

P.O. Box 67 Waterford, OH 45786

DATE _____

Name of Student _____

Name of School in which student resides _____

Open Enrollment Status: ☐ **New Student** or ☐ **Renewal** (Attended WCLSD the previous year)

Please check school requested: ☐ **Waterford High School** or ☐ **Waterford Elementary**

Grade Level of student for the upcoming year _____

Is the student enrolled in any Special Education or Tutorial Programs? (On an I. E. P.) If yes, explain: _____

School Age Siblings:	Name	School Attending
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1.	_____	_____
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2.	_____	_____
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3.	_____	_____
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Name of Parent(s) _____

Mailing Address _____

Physical address if different than mailing _____

Phone _____ Parent's Email _____

Parent/Guardian signature _____

Applications for an interdistrict transfer must be submitted to the Superintendent's office of the Wolf Creek School District **on an annual basis**. Applications will be acted upon By July 20. Parents/Guardians will be notified by letter (postmarked) no later than July 31. One application must be submitted for each student who requests an interdistrict transfer. FOR

OFFICE USE ONLY:

Date Received _____ APPROVED ____ REJECTED ____

Reason(s) _____

Signature of Superintendent (or Designee) _____