

WASHINGTON COUNTY SCHOOL DISTRICT
ANNUAL APPLICATION FOR
CONTROLLED OPEN ENROLLMENT
(Must apply each year. Separate application per student)

PLEASE PRINT LEGIBLY – COMPLETE THE ENTIRE FORM AND RETURN by email to Sarah Henderson at sarah.henderson@wcsdschools.com; or mail to 652 Third Street, Chipley, Florida 32428 or fax to 850-638-6226. Applications must be submitted by March 15th. See School Board Policy 5.23 and Washington County Controlled Open Enrollment Plan for additional information.

Today's Date: _____

Was your child granted and Out of Zone Reassignment last school year for the same school you are requesting? _____

Are you requesting an Out of Zone Reassignment for a sibling? **If yes, please print the name of each sibling below:**
(Separate application required for each child requested.)

Sibling 1: _____ Sibling 2: _____

Sibling 3: _____ Sibling 4: _____

School requested: _____ Grade Level for requested year: _____

School year for this request: I School currently zoned for: _____

Student Date of Birth: _____

Student Name: _____ Physical Address: _____

City/State/Zip: _____

Parent/Guardian Name: _____

Parent/Guardian Mailing Address :
(if different from above) _____

City/State/Zip: _____

Home Number: _____ Work Number: _____ Cell Number: _____

APPLICATIONS WILL BE PROCESSED IN THE ORDER IN WHICH THEY ARE RECEIVED. A LOTTERY WILL BE INSTITUTED IF A SCHOOL NEARS 95% CAPACITY.

2017-2018 School Year