



**STUDENT INFORMATION**

Full Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Male / Female

In the fall of 2021 my child will be entering (circle one): **3rd 4th 5th**

Do you have siblings applying for OSC for the 2021-2022 school year?  Yes  No

If yes, please list their names: **Note: Each child requires a separate application.**

Do you have siblings who are currently enrolled in OSC?  Yes  No

If yes, please list their name(s)? \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION (PRIMARY HOUSEHOLD)**

Full Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Workplace \_\_\_\_\_ Work Phone \_\_\_\_\_

Home Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

**ADDITIONAL INFORMATION Check all that apply. For reference only. OSC promotes equal opportunity and access for all students regardless of gender, race, national origin, and disability.**

- My child currently resides in the School District of Lodi.
- My child (circle one) **is / will be** open-enrolled during the 2021-2022 school year. He/She previously attended:

*I would like to apply my child for enrollment in the Ouisconsing School of Collaboration charter school for the 2021-2022 school year.*

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

**Please turn this form into  
Jen Morgan IN THE OSC/LES OFFICE.  
OSC Enrollment: February 15-March 15, 2021 at 4:00pm**

(FOR OSC OFFICE USE ONLY)

DATE RECEIVED: \_\_\_\_\_

INITIALS: \_\_\_\_\_