

INTRADISTRICT OPEN ENROLLMENT REQUEST



Student Name: _____ Current Grade: _____
First Name Middle Name Last Name

Current Home School: _____ School of Choice: _____

Parent/Guardian(s): _____

First Name Middle Name Last Name

Email Address: _____ Telephone Number: (____) _____

Current Address _____
Number & Name of Street City Zip Code

If this request is due to A MOVE within the Worthington School District – Check this box
If the box is checked, please provide your previous address

Previous Address: _____
Number & Name of Street City Zip Code

You must provide proof of your new address by attaching the following documentation to his form

- If this is a single-family dwelling, attach 2 pieces of mail with your new address.
- If this is a shared-residency, attach 3 pieces of mail with your new address.

This request is for: ___ Start of next school year ___ Start of the 2nd semester ____ Start immediately

Transportation: The district will NOT provide transportation for open enrolled students. Please indicate the method of transportation that will be used:

- ___ Student will walk to school
- ___ Day Care/Third Party will transport student
- ___ Other _____
- ___ Parent will transport student
- ___ Student will transport themselves

High School Activities: If you are in high school, please list all of the sports and/or co-curricular activities that you participate in _____

Parent/Guardian Signature _____ Date _____

SUBMIT THE APPLICATION TO THE PRINCIPAL OF YOUR SCHOOL OF CHOICE OR EMAIL IT TO TPERITO@WSCLOUD.ORG. IT CAN ALSO BE TURNED IN AT THE WORTHINGTON EDUCATION CENTER.

School of Choice Principal Signature _____ Date _____

REQUEST APPROVED REQUEST DENIED