



STUDENT INFORMATION

Full Name _____

Date of Birth _____ Age _____ Male / Female

In the fall of 2026 my child will be entering (circle one): **3rd** **4th** **5th**

Do you have siblings applying for OSC for the 2026-2027 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 _____

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 2026-2027 school year. He/She previously attended:

I would like to apply for enrollment in the Ouisconsin School of Collaboration charter school for my child for the 2026-2027 school year.

Parent/Guardian Signature _____

Date _____

**Please turn this form into
THE OSC/LES OFFICE.
OSC Enrollment: February 15-March 15, 2026 at 4:00pm**

(FOR OSC OFFICE USE ONLY)

DATE RECEIVED: _____

INITIALS: _____