

washington local schools

2021-22 Inter-District Open Enrollment Application

<u>Deadline to apply is 4:00 p.m. on Friday, May 21, 2021</u>

PAPER APPLICATIONS <u>MUST BE DELIVERED</u> TO THE ADDRESS BELOW. <u>NO</u> EMAIL, FAX OR PHONE SUBMISSIONS WILL BE ACCEPTED.

WLS Administrative Offices Attn: Registration Office 3505 W. Lincolnshire Blvd Toledo, OH 43606

(If there is no one at the building, there is a Mail and Document drop slot in Door #11, which is located just to the right of the main Guest Entrance when in the parking lot.)

Student Name:		Current Grade Level:
Address:		
City:	State:	Zip Code:
Parent/Guardian Name:		
Parent Phone #:	E-Mail:	
School Student Wishes to Attend:		
Rationale for Request:		

No student shall be denied admission into Washington Local School District or to a particular course or instructional program or otherwise be discharged against for reasons of race, color, national origin, sex, handicap, or any other unlawful discrimination.

School District of Residence:				
Current School Attending:				
This is my child's:				
Yearly Re-Application for Inter-District Open Enrollment for anticipated grade next	school year.			
My child will not be returning to WLS but will be returning to their Home School District instead.				
Request to remain at WLS due to moving out-of-district during the current school year. Current gra	ade			

 Does your student plan on attending school in-person or enrolling in the online Panther Virtual Academy? (mark one) In-Person Panther Virtual Academy (PVA) 					
 Has this student ever been suspended or expelled for 10 or more consecutive days? If Yes, what school year? 	YES	NO			
3. Will this student seek to participate in High School athletics in the 2021-22 school year?	YES	NO			
4. Is the student currently receiving Special Education services? If answering Yes, the current IEP and evaluation (ETR) must be provided for the application to be considered complete. Eligibility Category:					
 Does this student currently have a 504 Plan? If answering Yes, the current 504 Plan must be provided for the application to be considered complete. 	YES	NO			
 Is the student currently receiving extra classroom supports or programming for any of the following? (mark all that apply) Reading Math Gifted Behavior English Letter 		NO			
Other items required for the application to be considered complete:					
Most recent Grade Card Attendance Report Verification of Residency*					
*The most common documents used to prove residency are a copy of a lease or deed.					
Transportation: Transportation for Open Enrollment students is contingent upon the number of resident students					
currently being transported. Please indicate if you are interested in having your child picked up and dropped off at a					
current Washington Local Schools bus stop. If there is space available, our transportation supervisor will contact you.					
No, I will provide transportation.					
Yes, I would like my child to be picked up and dropped off at a WLS bus stop, if possible.					

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Applications will be prioritized based on the following cri	teria. Please complete <u>all</u> app	licable information.			
1. Parent/guardian is a Washington Local Schools staff mer	nber.				
Name:	_ Position:				
2. Student was enrolled in the district in the previous year.					
School:	Grade:				
3. Sibling is currently enrolled in WLS.					
Name:	School:	Grade:			
4. Grandparent lives within the Washington Local Schools I	ooundaries.				
Grandparent Name:					
5. Parent is a Washington Local Schools alumnus.					
Graduation Year:					
6 Dependion works within Weshington Local Schools	houndarios				
6. Parent/guardian works within Washington Local Schools boundaries. Parent/guardian employer:					
7 Devent/averation owne are extra within the Weshington L	aal Cabaala baundariaa				
	Parent/guardian owns property within the Washington Local Schools boundaries. Property Address: Name on Deed:				
8. The order in which applications were received.					
Acceptance Conditions: I understand that if my child is accept upcoming school year only. This application may be revoked be my child may need to transfer back to his/her home school, prior school year. Please initial your understanding:	cause of class size by resident	students of WLS and			
For Office Use Only					
Received by: D	ate and Time Received:				
Approved by: F	ejected by:				
Reason(s):					

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