## 2017-2018 OPEN ENROLLMENT APPLICATION Western ReserveLocalSchool District

(Last Name)	(First Name)	)		(Middle Name)
(Street Address) Birth date	(City) Place of Birth		(Zip C	
Parent/Guardian Name _				
Phone # ()	Grade leve	el		
Present School District of	of Residence			
SchoolBuilding last atter	nded			
Is student enrolled in an	y special program?		_	
If yes, please check area	s appropriate to this chi	ld:		
Developmentally Learning Disable Severe Behaviora 504 Plan	d	JointVocatio Other; Expla	nal School in	
If the student is a transfe graduation?	erring high school stude	nt, what cour	ses are require	d for
,,				
Parent/Guardian Signatu	re		_ Date	
Applications must be r will be acted upon by J on or before July 31 Superintendent of Sc Western ReserveLoc	fune 30, 2017. <i>Parent</i> , <i>2017</i> . hools			
3765 US Rt. 20 East				

3765 US Rt. 20 East Collins, Ohio44826 (419) 660-8508 OPEN ENROLLMENT APPLICATION

(see other side)

Please identify the status of your request. Your request may be given preference for only
the following reasons according to Western Reserve Board Policy. All applications will
be considered on a first come, first served basis. Check only those that apply to your
situation.

Prior tuition student
Prior year open enrollment
Member of same family in residence admitted to Western Reserve Local Schools
Former district resident or native student
List former address:
List residence year(s) date(s):
Grandparent is currently a district resident. List:
Name of grandparent
Address, City, State, Zip Code
Phone: area code ( )
Parent is a Western Reserve graduate or former Western Reserve student:
Parent name:(Include maiden name if applicable)
List former address:
List years of attendance:
List year of graduation from Western Reserve:
Parent is an employee of the Western Reserve Schools
Office Use Only: Received by Date, Time Approved Rejected Signature of official Reasons: