OPEN ENROLLMENT 2023-2024 SCHOOL YEAR Wellington Exempted Village Schools Open Enrollment Application

New Application**
Date of Move

	STUD	ENT#		
DATE:	STUD	ENT SS#		
NAME OF STUDENT:				
PARENT/GUARDIAN'S NA				
ADDRESS:				
	PHONE:			
EMAIL ADDRESS:				
PRESENT SCHOOL DISTRI	CT OF RESIDENCE	:		
PRESENT COUNTY OF RES	SIDENCE:			
SCHOOL BUILDING PRESE	ENTLY ATTENDING	G:		
GRADE LEVEL OF STUDEN	IT FOR UPCOMING	G SCHOOL YEA	AR:	
SCHOOL BUILDING REQU	ESTED:			
IS THE STUDENT ENROLL	ED IN ANY SPECIA	AL EDUCATION	I OR TUTORIAL	
PROGRAM? Y/N If yes, ple	ease explain			
*By signing below, I confirm th listed above.	at I am the legal guar	dian with residen	tial custody of the child	
Signature of Parent/Guardian			Date	
APPLICATION MUST BE I	RECEIVED NO LAT	ΓER THAN:	June 5, 2023 .	
Requests will be acted upon indicate acceptance of transfe				
PROOF OF RESIDENCY	(MUST BE PROVI	DED WITH NE	W APPLICATIONS	
	(For office use	only)		
Received By:				
Date:	Tim	ne:		
		 Reje	 ected	
Signature of Official:		,		
Reason(s):				
Date Notified:				
Rejected Enrollment:				