

WEST MUSKINGUM SCHOOLS
OPEN ENROLLMENT APPLICATION
Applications accepted beginning March 1, 2020

Today's Date _____ Grade Level for 2020-2021 School Year _____

Student's Name _____ Birthdate _____

Parent/Guardian's Name _____ Phone Number _____

Address Where Student Resides _____ City _____ Zip _____

Do you currently attend West Muskingum through open enrollment? YES NO

School District Student Currently Attends _____

School District Where Student Resides _____

Student Receives Special Education Services YES NO Student has a 504 Plan YES NO

(NEW APPLICANTS ONLY - If yes, you will be asked to provide a copy of the student's IEP/ETR or 504 Plan.)

Has the applicant been expelled? YES NO Has the applicant been suspended? YES NO

Is the student a foster child or ward of the court? YES NO

Number of total credits earned at the end of last school year (high school only): _____

Please explain why you want your child to attend West Muskingum Schools:

I certify that all information contained in this application is true and complete, and I understand that the falsification of any of the above information will void this application and/or the enrollment of my child in the West Muskingum Local School District.

I have read and understand the Parent Information on the Open Enrollment document found by clicking [here](#).

Parent/Guardian Signature _____ Date _____

Once you've completed the application, save the form and email it to westmenroll@westmschools.org
(If you're unable to email the application, mail it to West M Schools, 4880 West Pike, or fax it to 740-455-4063.)

FOR OFFICE USE ONLY

Date Received: _____ Received by: _____

_____ Approved _____ Denied Reason Denied: _____

Building Principal Signature: _____ Date: _____