Please Return Application to the District Office

Wasatch County School District Out of District Transfer Request Application for School Choice K-12

Early Enrollment Application (Dec 1 – Mar 15) – Date Received _____ Late Enrollment Application (Mar 16 – July 31) – Date Received Student Information Grade for 2024-2025 School Year: Student Name: Address: Birthdate: Parent Name: Parent Phone: Parent Email: Boundary School District: ______ Boundary School: _____ **School Choice Request Special Services Being Provided Daniels Canyon** Old Mill - closed* SpEd Gifted **Rocky Mtn Middle** 504 Title 1 **Heber Valley Timpanogos Middle** Speech **Dual Immersion** JR Smith Other Midway - closed* Wasatch High - closed* Please Specify: _____ Reason for request

Signatures (In District Open Enrollment)

Parent Signature: Date:

School Office Use Only

| Approved | Denied | |
|----------|--------------------|------|
| | District Signature | Date |

[•]I understand that all transfer requests are contingent on enrollment school capacity, special program limitations, staff availability, and/or circumstances under 53A-2-207(4)(c).

[•]I understand that WCSD may not be able to honor all school choice requests and that a transfer may also be revoked based on BoardPolicy. • I understand that transportation to the requested school is my responsibility. • I understand that falsification of information is a Class A Misdemeanor and can lead to legal action. • A student may be denied an open enrollment opportunity if the student has been suspended or expelled from a public school consistent with 53A-2-208(3)(b)

^{*}Admittance for closed schools will be determined no later than the Friday before the first day of school. Closed schools may accept additional students as long as it does not require additional staffing.