

Please Return Application to the  
School Principal

# Wasatch County School District In-District Transfer Request Application for School Choice K-8

Early Enrollment Application (Dec 1 – Mar 15) – Date Received \_\_\_\_\_

Late Enrollment Application (Mar 16 – July 31) – Date Received \_\_\_\_\_

Student Information	
Student Name:	Grade for 2021-2022 School Year:
Address:	Birthdate:
Parent Name:	Parent Phone:
Parent Email:	

<u>Boundary School</u>	<u>School Choice</u>	<u>Special Services Being Provided</u>
Daniels Canyon <input type="checkbox"/>	Daniels Canyon <input type="checkbox"/>	SpEd <input type="checkbox"/> Gifted <input type="checkbox"/>
Heber Valley <input type="checkbox"/>	Heber Valley <input type="checkbox"/>	504 <input type="checkbox"/> Title 1 <input type="checkbox"/>
JR Smith <input type="checkbox"/>	JR Smith <input type="checkbox"/>	Speech <input type="checkbox"/> Dual Immersion <input type="checkbox"/>
Midway <input type="checkbox"/>	Midway – <b>Closed*</b> <input type="checkbox"/>	
Old Mill <input type="checkbox"/>	Old Mill – <b>Closed*</b> <input type="checkbox"/>	Other <input type="checkbox"/>
Rocky Mtn Middle <input type="checkbox"/>	Rocky Mtn Middle <input type="checkbox"/>	Please Specify:
Timpanogos Middle <input type="checkbox"/>	Timpanogos Middle <input type="checkbox"/>	

Reason for request \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Signatures (In District Open Enrollment)

• 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 Board Policy. • 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)

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### School Office Use Only

Approved  Denied \_\_\_\_\_  
Principal Signature Date

\*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.