

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	
Student Name:	Grade for 2019-2020 School Year:
Address:	Birthdate:
Parent Name:	Parent Phone:
Parent Email:	

Boundary School District: _____ Boundary School: _____

School Choice Request

Daniels Canyon

Heber Valley

JR Smith

Midway – closed*

Old Mill - closed*

Rocky Mtn Middle

Timpanogos Middle

Wasatch High - closed*

Special Services Being Provided

SpEd Gifted

504 Title 1

Speech Dual Immersion

Other

Please Specify: _____

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 _____

District Signature Date

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