WAYNE TRACE LOCAL SCHOOLS **2026-2027**
4915 US 127, Haviland, OH 45851
Phone 419-263-2415 Fax 419-263-2377

INTER-DISTRICT OPEN ENROLLMENT APPLICATION

___New Application* ___Renewal
*For new application, proof of residency is required.

Student Name-Last:_____ First _____Middle _____

Address (include PO Box):_____City/Zip_____

Gender: M or F Date of Birth: ___/___/___ Grade for 2026-2027_____ Birth City:_____

School District of Residence:_____ Previous School Attended (if new): _____

Mother's Maiden Name:_____ Date of move (if moving) _____

Ethnicity: ☐ Hispanic/Latino ☐ White ☐ Asian ☐ Black/African American

☐ Native Hawaiian/Pacific Islander ☐ American Indian/Alaskan Native

Native Language if other than English:_____

Custody - Student lives with:

Check one: ☐ Both Parents ☐ Sole Custody* ☐ Shared Parenting* ☐Guardianship*

*Court/Custody Papers Required: ☐ Not Applicable ☐ Included with Application ☐ On File

Name of Parent(s)/Guardian (required):_____
Address:_____
City/State/Zip:_____ Phone:_____

If Shared Parenting, please provide address/phone of other parent:
Name:_____ Address:_____
City/State/Zip:_____ _____ Phone:_____

Is your child on an IEP/receive special education services? ☐ Yes ☐ No

Does your child wish to attend Vantage Career Center in 2026-2027? ☐ Yes ☐ No

Has your child been suspended/expelled from ANY school district for ten consecutive days or more? ☐ Yes ☐ No

If your child has siblings applying for open enrollment, please list Name and Grade of each sibling: _____

_____

Applications for open enrollment are approved for only **ONE YEAR** and must be received in the Building Principal's office no later than **JUNE 1** of each year unless the deadline is waived by the Superintendent.

By signing this application, you are certifying that the information presented above is accurate. If it is found that any of this information is inaccurate, misleading or incomplete, Wayne Trace Local Schools may require proof of residency and/or court orders related to child custody issues. You further agree to your child attending Wayne Trace Local Schools.

Parent or Guardian Signature_____ Date_____

(For office use only)

Date application received_____ Initials_____ New ___ Renew ___ POR ___ SSID#_____

Accepted_____ Denied_____ Reason for Denial:_____ Building:_____ Eff. Date_____

Principal's Signature_____ Date _____

Student Services Director Signature_____ Date _____

BUS TRANSPORTATION FORM
2026-2027 School Year

Transportation for open-enrolled students will be provided based on the following criteria/guidelines:

- **Bus stops for open-enrolled students will be located at a stop currently servicing residential students or at a location within the district borders that does not cause re-routing of a regular bus run**.

- Locations and availability of stops may change year to year due to changes in bus routes and Wayne Trace reserves the right to change open-enrolled bus assignments at any time during the year based on the needs of residential students / bus capacity / route efficiency.

Student's Name_____ Grade_____ School_____

Will student be seeking transportation by bus to and from Wayne Trace Local Schools? YES NO

Parent/Guardian Name_____

Phone Number_____

Requested bus stop location/address:

_____

Other students at bus stop (including siblings):

_____

WAYNE TRACE LOCAL SCHOOL – OFFICE USE ONLY

A.M _____ P.M. _____