

## STUDENT INFORMATION

Eull Nama

Date of Birth Age Male / Female         In the fall of 2022 my child will be entering (circle one):       3rd 4th 5th         Do you have siblings applying for OSC for the 2022-2023 school year?       □ Yes □ No         If yes, please list their names:       Note: Each child requires a separate application.						
Do you have siblings applying for OSC for the 2022-2023 school year? I Yes No   If yes, please list their names: Note: Each child requires a separate application.   Do you have siblings who are currently enrolled in OSC? I Yes No   If yes, please list their name(s)? Yes No   PARENT/GUARDIAN INFORMATION (PRIMARY HOUSEHOLD) Full Name Home Phone Workplace Work Phone Home Street Address City State Zip	Pate of Birth Age		Male / Female			
If yes, please list their names: Note: Each child requires a separate application. Do you have siblings who are currently enrolled in OSC?  Yes No If yes, please list their name(s)? PARENT/GUARDIAN INFORMATION (PRIMARY HOUSEHOLD) Full Name Home Phone Workplace Work Phone Home Street Address City State Zip	In the fall of 2022 my child will be er	ntering (circle one):	3rd	4th	5th	
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PARENT/GUARDIAN INFORMATION (PRIMARY HOUSEHOLD)         Full Name       Home Phone         Workplace       Work Phone         Home Street Address       City       State       Zip	Do you have siblings who are currer	ntly enrolled in OSC?	□ Yes	6	□ No	
Full Name       Home Phone         Workplace       Work Phone         Home Street Address       City	If yes, please list their name(s)?					
Workplace         Work Phone           Home Street Address         City         State         Zip	PARENT/GUARDIAN INFORMATIC	ON (PRIMARY HOUSEHOL	_D)			
Home Street Address City State Zip	Full Name		Home	Phone	;	
	Workplace		Work	Phone		
Email	Home Street Address	City			State	Zip
	Email					

## ADDITIONAL INFORMATION Check all that apply. For reference only. OSC promotes equal opportunity and access for all students regardless of gender, race, national origin, and disability.

□ My child currently resides in the School District of Lodi.

□ My child (circle one) is / will be open-enrolled during the 2022-2023 school year. He/She previously attended:

I would like to apply for enrollment in the Ouisconsing School of Collaboration charter school for my child for the 2022-2023 school year.

Parent/Guardian Signature

Date

## Please turn this form into THE OSC/LES OFFICE. OSC Enrollment: February 15-March 15, 2022 at 4:00pm

(FOR OSC OFFICE USE ONLY)

DATE RECEIVED: \_\_\_\_\_

INITIALS: \_\_\_\_\_