



# THE SCHOOL BOARD OF HARDEE COUNTY

*Bob Shayman, Superintendent*

P. O. Box 1678 – 1009 North 6<sup>th</sup> Avenue • Wauchula, FL 33873  
(863) 773-9058 • FAX (863) 773-0069

## 2021-2022 Open Enrollment Application

*If approved, I understand that student transportation is my family's responsibility.  
I also understand that poor attendance, tardiness, or unacceptable behavior will revoke this application.*

Parent/Guardian Name: \_\_\_\_\_ Date: \_\_\_\_\_

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary or Cell Number: \_\_\_\_\_ Alternate Number: \_\_\_\_\_

School Board  
District 1  
Paul Samuels

District 2  
Mildred Smith

District 3  
Claire Cornell

District 4  
Garry McWhorter

District 5  
Mark Gilliard

**We live within the following school zone:**

- \_\_\_ Bowling Green Elementary
- \_\_\_ Hilltop Elementary
- \_\_\_ North Wauchula Elementary
- \_\_\_ Wauchula Elementary
- \_\_\_ Zolfo Springs Elementary

**I would like my child to attend:**

- \_\_\_ Bowling Green Elementary
- \_\_\_ Hilltop Elementary
- \_\_\_ North Wauchula Elementary
- \_\_\_ Wauchula Elementary
- \_\_\_ Zolfo Springs Elementary

Child(s) Name:	Date of Birth	21-22 Grade	Current School:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**I am requesting this change because:**

1. Dependent child of active military; 2. Relocated due to foster care placement; 3. Court-ordered change of custody due to separation or divorce or the serious illness or death of a custodial parent; 4. Siblings living in the same residence as already approved students; 5. HCSB Employee; 6. Other: (Please explain)
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

LEGAL NOTICE: FL. S. 837.06 FALSE OFFICIAL STATEMENTS... WHOEVER KNOWINGLY MAKES A FALSE STATEMENT IN WRITING WITH THE INTENT TO MISLEAD A PUBLIC SERVANT IN THE PERSONS OFFICIAL DUTY SHALL BE GUILTY OF A MISDEMEANOR OF THE SECOND DEGREE, PUNISHABLE AS PROVIDED IN S. 775.082, S. 775.083, OR S. 775-084.

Parent / Guardian Signature: \_\_\_\_\_

(FOR OFFICE USE ONLY)

Date Approved \_\_\_\_\_ Date Denied \_\_\_\_\_

Date Notified by Phone: \_\_\_\_\_ Date Mailed \_\_\_\_\_

Principal: YES \_\_\_\_\_ NO \_\_\_\_\_

Superintendent or Designee