ATTENTION: THIS REQUEST TO RETURN TO SCHOOL OF ADDRESS IS ONLY TO BE USED FOR STUDENTS ENROLLED IN BlendED FOR THE 2022-2023

Request to Return to School of Address for 2022-23 School Year

Forms are due to Central Enrollment by MAY 20, 2022

Student Name: (Last) _____ (Middle) _____

Please Circle: Male Female	Birth Date:	Student ID #:		
Current Grade Level: Grade Level for 2022-23 school year:				
Student requires Special Education Services? Yes	es No St	udent requires ESL services?	Yes	No
Current Address:	City		Zip _	
Home School by Address				
special education or est students: Students placed through this form. However, the required department will contact the parent to discuss	est will be forwarded to the appro			
Once this form is filed and verified, current CC please call Central Enrollment. We will use th				
Once this request is processed, your student is committed to attending the school by address. Once this request is processed, a late School Choice Lottery Application can be submitted via the Parent Portal if you wish to apply for a school other than the school of address.				
I certify by my signature that the information provide	ed on this form is accurate.			Email or bring applications to:
Please print name of Custodial Parent/Guardian				COLUMBUS CITY SCHOOLS SCHOOL CHOICE OFFICE 430 Cleveland Avenue Columbus, Ohio 43215
SIGNATURE of Custodial Parent/Guardian				614-365-4011 (phone) centralenrollment@columbus.k12.oh.us
Best Phone Numbers for Parent/Guardian Cell	Other_		L	