



Open Enrollment Application

2015-2016 School Year



Deadline: March 1, 2015

September 1, 2015 for Kindergarten

Parents/Guardians must send a copy of the application to the resident and receiving districts.

Name of Student _____ Date of Birth: _____

1. Grade Level for 2015-2016 _____ 2. Female _____ Male _____

3. Parent/Guardian _____

Telephone _____

Note: It is helpful to have more than one number. H=home W=work C=cell

Address _____
Street/Box City Zip County

Email Address _____

4. Resident District _____ Attendance Center _____

5. District Requested _____ Attendance Center* _____
*Request does not guarantee placement

6. Is this application a request to continue education in the former district of residence following a move to a new district? _____ Yes _____ No

7. If the resident district has a diversity plan, please indicate if the applicant has a sibling currently under open enrollment? If yes, please provide the following:

Sibling:
 Name _____
 District/School open enrolled _____

8. The student will be enrolled in the following (check all that apply):
 Regular Education _____ Special Education _____
 Home School (CPI) _____ Home School Assistance Program _____
 Dual Enrollment – Academic _____ Dual Enrollment–Activity Program _____

9. Is your child currently eligible for receiving special education services?
 Yes _____ No _____

10. Is your child currently being evaluated for special education services?
 Yes _____ No _____

11. Is the student currently under suspension or expulsion from school? _____ No _____ Yes
 If yes, when will the suspension / expulsion be complete? _____

12. This section should be completed IF the application is being filed after March 1.

	Date of Change
a) Change in district of residence due to: family move, change in Marital status, foster care, adoption, or treatment program	_____
b) Participation in foreign exchange program	_____

- c) Failure of negotiations for reorganization or whole grade sharing _____
- d) Loss of accreditation or revocation of a private or charter school _____
- e) Pervasive harassment or severe health. Briefly describe events occurring after March 1 or provide the name of a district employee familiar with the student.

13) Request for transportation assistance. Yes _____ No _____ If yes, attach proof of income to application and number in household.

I certify the above information is true and I have sent a copy of this form to my resident district and to the district I want my child to attend.

Signature of Parent or Guardian

Date

CAUTION: Knowingly providing false information on this form will invalidate the application.

Receiving District

The receiving district has the authority to take action on all applications (before or after March 1) except:

- a) Those **alleging harassment** or **severe health need condition** that cannot be accommodated in resident district.
- b) Resident district had a **diversity plan**.
In these cases the resident district must act first.

Date application was received: _____

Approved: _____
Date Signature of Superintendent

Denied _____
Date of School Board Action Signature of Superintendent

If denied, indicate reason:

- _____ Request was not filed by March 1 and does not meet good cause.
- _____ Insufficient classroom space
- _____ Student under suspension or expulsion
- _____ Appropriate special education program is not available.

Resident District

Resident district is taking action on this application because of the following:

- _____ Resident district has a diversity plan on file with Department of Education.
- _____ Student alleges pervasive harassment that began or escalated after March 1.
- _____ Student has a severe health condition that began or escalated after March 1.
- _____ Application filed late with no good cause.

Date application was received: _____

Approved: _____
Date Signature of Superintendent

Denied: _____
Date of School Board Action Signature of Superintendent

If denied, indicate reason:

- _____ Does not meet diversity plan criteria
- _____ Does not meet criteria for pervasive harassment
- _____ Does not meet criteria for severe health condition
- _____ Application filed late.