



# 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.

	<b>Date of Change</b>
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.