



Open Enrollment Application

2010-2011 School Year



Deadline: March 1, 2010

September 1, 2010 for Kindergarten

Name of Student _____ Date of Birth: _____

1. Grade Level for 2010-2011 _____ 2. Female _____ Male _____

3. Race/Ethnicity (Optional: This information is requested for the sole purpose of collecting demographic data.)

Asian Native Hawaiian or Other Pacific Islander White
 Black or African American Hispanic American Indian/Alaskan Native

4. 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

5. Resident District _____ Attendance Center _____

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

7. If this application is a request to continue education in the former district of residence following a move to a new district. _____ Continuation of Education

8. 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 _____
 Address _____
 District/School open enrolled _____

9. The parent/guardian is requesting the following (check all that apply).

Regular Education _____ Special Education _____ Home School Assistance Program _____
 Home School (CPI) _____ Dual Enrollment-Academic _____ Dual Enrollment-Activity Program _____

10. Is the student currently under suspension or expulsion from school? ___No___ Yes
 If yes, when will the suspension/expulsion be completed? _____

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

Qualifications for Good Cause

Date of Change

- a) Family moved to new district of residence (including a move from another state) _____
- b) Change in student's district of residence due to parents' marital status _____
- c) Change in student's district of residence due to placement in foster care _____
- d) Change in student's district of residence due to adoption _____
- e) Change in student's district of residence due to treatment program for substance abuse or mental health _____
- f) Participation in foreign exchange program _____
- g) Failure of negotiations for reorganization or whole grade sharing _____
- h) Loss of accreditation or revocation of a private or charter school _____
- i) Pervasive harassment or severe health. Briefly describe events occurring after March 1 or provide the name of a district employee familiar with the student. _____

12. Check here if you are requesting transportation assistance. _____ 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 except those listed below (a & b). The receiving district has authority to act on applications received before and **after** the deadline.

- a) _____ Student alleges pervasive harassment or student has severe health condition that cannot be adequately served in home district
- b) _____ **Resident** district had a diversity plan.

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.

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