

Open Enrollment Application (Completed by Parent/Guardian)

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

1. Full Legal Name of Student: _____
2. Date of Birth: ____/____/____ School Year: _____ Grade Level: _____ Gender: _____
3. Full Legal Name of Parent/Guardian: _____
4. Telephone Number(s) – Home Phone: (____) _____ - _____ Cell Phone: (____) _____ - _____
5. Residential Address – Street Address/P.O. Box: _____
City: _____ Zip Code: _____ County: _____
6. Email Address: _____
7. Resident District: _____ Attendance Center (School Building): _____
8. Requested District: _____ Attendance Center (School Building): _____
(A request for placement in a school building does not guarantee placement in that school building)
9. Is this application a request to continue in the former resident district after a move to a new school district?
 Yes, Date of Move: ____/____/____
 No
10. Does the applicant have a sibling or siblings currently under open enrollment or applying for open enrollment?
 Yes, Sibling Name: _____ Open Enrolled District and School: _____
(If more than one sibling, attach additional information to the application.)
 No
11. Transportation assistance may be available through your resident district in the form of reimbursement based on federal poverty guidelines. Will you request transportation assistance?
 Yes *(If yes, attach proof of income and household numbers to the application sent to the resident district.)*
 No
12. The student will be enrolled in the following (check all that apply):
 Regular Education Special Education
 Home School (Competent Private Instruction) Home School Assistance Program
 Dual Enrollment – Academic Dual Enrollment – Activity Program
 Open Enrolling to Approved Online Program and Participating in Resident District Cocurricular Activities
13. Is your child currently:
 - Eligible to receive special education services? Yes No
 - Being evaluated for special education services? Yes No
 - Receiving English language learning services? Yes No
 - Receiving accommodations for a 504 plan? Yes No
 - Under suspension/expulsion from school? Yes, Date Complete: ____/____/____ No
 - Open enrolled (attending a school district in which the student does not live)? Yes No

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

Signature of Parent/Guardian: _____ Date Signed: ____/____/____

Application Response (Completed by Receiving District)

The receiving district has the authority to act on all applications.

Date application was received: ____/____/____

Does the child have an individualized education plan?

- Yes, Date of Consultation With the Resident District and AEA: ____/____/____
- No

The receiving district must complete the relevant column below based on its approval or denial of the open enrollment request.

Approved	Denied
<p>Date Signed: ____/____/____</p> <hr/> <p>Signature of Superintendent</p>	<p>Date of School Board Action: ____/____/____</p> <p>Denial Reason:</p> <ul style="list-style-type: none"><input type="radio"/> Insufficient classroom space.<input type="radio"/> Appropriate special education program is not available.<input type="radio"/> Student is under suspension or expulsion. <hr/> <p>Signature of Superintendent</p>

Application Receipt (Completed by Resident District)

The resident superintendent must sign for receipt. No further action is required.

Date application was received: ____/____/____

Signature of Superintendent: _____