



## Board Policy 3010F: Open Enrollment Application

### Open Enrollment Application

Date/Time Received:

School Year (From):

(To):

Grade:

This application form (approved March 2000) was prepared pursuant to Section 33-1402, Idaho Code, and may be used by any school district. Any other form must be approved the State Superintendent of Public Instruction.

NOTE: For out-of-district applicants, a copy of the applicant student's cumulative record must be attached to this application. The cumulative record may be obtained from the student's current school.

☐ Out-of-District Application — Name of District: Joint School District No 171

☐ In-District Transfer Application

Name of Proposed Receiving School (some specialized programs are only offered in a limited number of schools, e.g. special education, English Language Learner, etc. Contact the Joint School District No. 171 Programs Office for further information):

Proposed Receiving School:

Applicant Student's Name:

Date of Birth:

The school student is presently attending, or would attend if student were in a public school.

Name of School:

Address of School:

Grade Level of Student:

Has the student ever been suspended or expelled from school or has the student committed a disciplinary violation for which he or she could be suspended or expelled?

☐ Yes ☐ No



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Does the student have a history of disciplinary infractions?

☐ Yes ☐ No

If YES, describe the circumstances (including dates and duration):

Reason(s) for requesting attendance in this school (optional):

Special and/or unique instructional programs in which the applicant student is currently enrolled. (For example: vocational, foreign language, remedial, special education, gifted/talented, etc.):

Special and/or unique instructional programs in which the applicant student expects to enroll in at the new school:

Extracurricular activities in which the applicant wishes to participate:



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Transportation arrangements that will be made by the parent/guardian:

Parent/Guardian's Name:

Parent/Guardian's Address:

Parent Home Phone:

Work Phone:

I have read the school district procedure on open enrollment, and hereby request that my son/daughter be permitted to attend the school named below.

Name of Proposed Receiving School:

Parent/Guardian's Signature:

**Misrepresentation of information on this application may result in revocation of the applicant's approval to attend a Joint School District No. 171.**

*Parents/Guardians: please stop here. The section below is completed by the District.*

### For District Use Only

☐ Approved ☐ Disapproved

Date:

Superintendent's or Designee's Signature:

Within 60 days following action on the application, copies must be sent to Parents, Building Principal and, for out of district applicants, the Superintendent of the home district. If the application is denied, a written explanation for the denial must be attached.



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### Principal Signatures

☐ In-District Transfer:

Home School:

Receiving School:

☐ Out-of-District Transfer:

Receiving School: