

2016-2017 School Year Iowa Open Enrollment Application

Iowa Law requires an application for each child in a family requesting open enrollment to be sent to both to the resident and receiving districts on/or before deadline in order to be considered for approval.

**Deadline: Grades 1-12, March 1, 2016
Kindergarten, September 1, 2016**

1. Name of Student _____
2. Date of Birth: _____
3. Grade for 2016-2017 _____
4. Circle Gender: Female / Male
5. Parent/Guardian _____
6. Telephone _____
Note: It is helpful to have more than one number. H=home W=work C=cell
7. Resident Address _____
Street/Box City Zip County
8. Email Address _____
9. Resident District _____ Attendance Center _____
10. District Requested _____ Attendance Center* _____
*Request does not guarantee placement
11. Is this application a request to continue education in the former district of residence following a move to a new district? Circle one: Yes or No
12. Please indicate if the applicant has a sibling currently under open enrollment.
Sibling Name: _____ District/School open enrolled: _____
13. 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 _____
14. Is your child currently eligible for receiving special education services? Circle one: Yes or No
15. Is your child currently being evaluated for special education services? Circle one: Yes or No
16. Is your child currently receiving English Language Learning services? Circle one: Yes or No
17. Is the student currently under suspension or expulsion from school? Circle one: Yes or No
If yes, when will the suspension / expulsion be complete? _____
18. **This section should be completed IF the application is being filed after March 1 for grades 1-12.**

- | | 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 _____

19. Is the application being filed due to pervasive harassment or severe health? Circle one: Yes or No
If yes, briefly describe events occurring after March 1 and provide the name of a district employee familiar with the student on a separate sheet.

20. Will you request transportation assistance? Circle one: Yes or No
If yes, attach proof of income and number in household to the application sent to the resident district.

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 has 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.