

Date of Application \_\_\_\_\_

**OPEN ENROLLMENT APPLICATION**

For School Year 2016-2017

Grade \_\_\_\_\_

This application form (approved August 1993) was prepared pursuant to Section 33-1402, Idaho Code and may be used by any school district.

The State Superintendent of Public Instruction must approve any other form.

**Note:**

\*For out-of-district applicants, a copy of the applicant student's accumulative record must be attached to this application.

\*Per Cassia County School District Policy No. 632, any out-of-district student(s) who are on an IEP will not be eligible for enrollment.

**Out-of-District Application**

**In District Transfer Application**

Name of receiving school \_\_\_\_\_

School District name \_\_\_\_\_

1. Applicant student's name \_\_\_\_\_

Date of birth \_\_\_\_\_

2. School student is presently attending \_\_\_\_\_  
(Name of School)

School Address \_\_\_\_\_

Present grade level \_\_\_\_\_

3. Has the student ever been suspended or expelled from school? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, describe the circumstances (including dates and duration). \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

4. Reason for requesting attendance in this school. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

5. Specific of unique instructional programs in which the applicant student is currently enrolled. For example: vocational, foreign language, remedial, special education, gifted/talented, etc. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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6. Special and/or unique instructional programs that the applicant student expects to enroll in the next school year. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

7. Transportation arrangements that will be made by the parent/guardian.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

8. Parent/Guardian's Name \_\_\_\_\_

Student's Name \_\_\_\_\_

Parent/Guardian's Mailing Address \_\_\_\_\_  
 \_\_\_\_\_

Home Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_  
 Cell Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_

**I have read the school district policy on open enrollment, and hereby request that my son/daughter be permitted to attend** \_\_\_\_\_

Parent/Guardian's Signature \_\_\_\_\_

Approved       Denied      Date \_\_\_\_\_

Superintendent's Signature \_\_\_\_\_

Following action of 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.

Office Use Only	
Student	
School	
Grade	
Parent	
Letter to Parents	
Letter to Home District	
Phoned Approval	
Phoned Denial	