

# 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 \_\_\_\_ Gender: \_\_\_\_
3. Full Legal Name of Parent or Guardian: \_\_\_\_\_
4. Telephone Number(s): Primary Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_ Alternate Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_
5. Residential Address – Street/PO Box: \_\_\_\_\_  
City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_
6. Email Address: \_\_\_\_\_
7. Resident District: \_\_\_\_\_ Attendance Center (School Building): \_\_\_\_\_
8. District Requested: \_\_\_\_\_ 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 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 Co-Curricular Activities
13. Is your child currently:  

• Eligible to receive special education services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• Being evaluated for special education services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• Receiving English language learning services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• Under suspension or expulsion from school?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

*Date Complete* \_\_\_\_/\_\_\_\_/\_\_\_\_

  

• Open enrolled (attending a school district that the student does not live in)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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I certify the information I have provided is true, and I have sent a copy of this form to my resident district or the district I want my child to attend.

Signature of Parent or 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 (IEP)?

☐ 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.

The application is (select one):

Approved
Date Signed: ____ / ____ / ____
<hr/>
Signature of Superintendent

Denied
Date of School Board Action: ____ / ____ / ____
<b>Denial Reason:</b>
<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/>
Signature of Superintendent

## 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: \_\_\_\_\_