

APPLICATION FOR STUDENT TRANSFER
NEBRASKA ENROLLMENT OPTION PROGRAM
SCHOOL YEAR _____

SECTION 1: TO BE COMPLETED BY THE PARENT, LEGAL GUARDIAN, OR STUDENT requesting a transfer to attend a school district other than the district of residence.

- Between September 1 and March 15, this application must be sent, postmarked) on or before March 15.
- If after March 15, this application **MUST** be accompanied by a **WRITTEN** release (or Section 2 must be completed by the resident school district, unless the student is a Learning Community Open Enrollment Option Student - See Instructions).

Student Name: (Last, First, M.I.) Johnston, Jordae M.	
Student Birthdate: mm/dd/yyyy 07/13/2010	Sex: F <input checked="" type="checkbox"/> M <input type="checkbox"/>
Parent/Guardian Name: (Last, First, M.I.) Johnston, Joel D & Bethany M	
Mailing Address: 84695 - 460th Ave	
Residence Address: (if different) —	
City: Burwell	Zip Code: 68823
Telephone Number: (home/work/mobile) 308 - 348 - 2010	Email: bethanysitz@hotmail.com
Expected Grade Level at Time of Enrollment: K 1 2 3 <input checked="" type="radio"/> 4 5 6 7 8 9 10 11 12 4th grade in August	
Does Student Require Special Education Services? (check one) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
If Yes, Does the Student Have an Individualized Education Program (IEP)? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Is the Applicant a Sibling of a Current Option Student? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Has the Applicant Attended Option District for the Immediately Preceding 2 Years? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Did the Student Relocate After February 1st? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Does Applicant Qualify for Free or Reduced Price Lunches? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Resident District Name: Rock County Public Schools	Building Currently Attending: -homeschooled as roads impassible 2019-
Option District Name: Burwell Public Schools	Building Preference: elementary
My signature below acknowledges that I am the person with legal or actual charge or control of the above-listed student, I am completing this Application for Student Transfer pursuant to Sections 79-232 through 79-246 R.R.S., understand enrollment option is available only once to each student prior to graduation unless the option meets one of the exclusion criteria (see note on instructions), and have read the related materials provided on the Department of Education's Enrollment Option Program website at https://www.education.ne.gov/ios/enrollment-option-application-instructions-faq/	
Signature of Parent: Bethany M. Johnston	Date: 5-1-2020

Application must be sent or delivered to the Option School District

SECTION 2: TO BE COMPLETED BY THE RESIDENT SCHOOL DISTRICT (only if this application is submitted by the parent, legal guardian or student after the March 15 deadline, and the student has not relocated after February 1st).

<input type="checkbox"/> The resident district waives deadline dates	<input type="checkbox"/> The resident district will <u>not</u> waive deadline dates.
Reason for Denial (required):	
Name and Title of Authorized Official:	
Signature:	Date:

Please fill out section #2 & return to Darrin May at Burwell Public Schools, POB 670, Burwell NE 68823.

Jordae was homeschooled, Rock Co roads are poor at best & Burwell is closer.