



Open Enrollment Application

2010-2011 School Year



Deadline: March 1, 2010

September 1, 2010 for Kindergarten

Name of Student _____ Date of Birth: _____

1. Grade for 2010-2011: _____ 2. Female _____ Male _____

3. Race/Ethnicity (*Optional: This information is requested for the sole purpose of collecting demographic data.*)
 Asian _____ Pacific Islander _____ Black/non-Hispanic _____ White/non-Hispanic _____ Hispanic _____ American Indian/Alaskan _____

4. Parents/Guardians _____
 Telephone _____

Note: It is helpful to have more than one number. H=home W=work C=cell

Address _____

5. Resident District _____ Attendance Center _____

6. District Requested _____ Attendance Center* _____

*Request does not guarantee placement

7. Is this application a request to continue education in the former district of residence following a move to a new district?
 _____ Yes _____ No

8. If the resident district has a diversity plan, please indicate if the applicant has a sibling currently under open enrollment?
 Sibling Name _____ Address _____
 District/School open enrolled _____

9. The parent/guardian is requesting the following (check all that apply): Regular Education _____ Special Education _____
 Home School (CPI) _____ Dual Enrollment/Academic _____ Dual Enrollment /Activity _____ Home School Assist Program _____

10. If the student is currently under suspension or expulsion, when will the student be reinstated? _____

11. This section should be completed IF the application is being filed after March 1.

Qualifications for Good Cause

Date of Change

- | | |
|---|--|
| <ul style="list-style-type: none"> a) Family moved to new district of residence (including a move from another state) b) Change in student's district of residence due to parents' marital status c) Change in student's district of residence due to placement in foster care d) Change in student's district of residence due to adoption e) Change in student's district of residence due to treatment program for substance abuse or mental health f) Participation in foreign exchange program g) Failure of negotiations for reorganization or whole grade sharing h) Loss of accreditation or revocation of a private or charter school i) Pervasive harassment or severe health. Briefly describe events occurring after March 1 or provide the name of a district employee familiar with the student. | <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> |
|---|--|

12. Check here if you are requesting transportation assistance. _____ If yes, attach proof of income to application and number in household.

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.

DISTRICT USE ONLY:

Receiving District: _____ **Date received:** _____

The receiving district has the authority to take action on all applications except those listed below (a & b). The receiving district has authority to act on applications received before and **after** the deadline.

- a) Student alleges pervasive harassment or has severe health condition that cannot be adequately served in home district
- b) **Resident** district had a diversity plan.

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 _____ **Date received:** _____

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.

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