



Open Enrollment Application

2012-2013 School Year



Deadline: March 1, 2012

September 1, 2012 for Kindergarten

Name of Student _____ Date of Birth: _____

1. Grade Level for 2012-2013 _____ 2. Female _____ Male _____

3. Race/Ethnicity (Optional: This information is requested for the sole purpose of collecting demographic data.)
 Asian Native Hawaiian or Other Pacific Islander White
 Black or African American Hispanic American Indian/Alaskan Native

4. Parent/Guardian _____

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

MailingAddress _____
 Street City Zip County

Physical Address if different from above _____
 Street City Zip County

5. Resident District _____ Attendance Center _____

6. District Requested _____ Attendance Center* _____
*Request does not guarantee placement

7. Is this application is 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? If yes, please provide the following:
 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 Only (CPI) _____ Home School Assistance Program _____
 Dual Enrollment-Academic _____ Dual Enrollment-Activity Program _____

10. Is the student currently under suspension or expulsion from school? ___No___ Yes If yes, when will the suspension/expulsion be completed? _____

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

Qualifications for Good Cause	Date of Change
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.

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.

Receiving District

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 student 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

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