

**OPEN ENROLLMENT APPLICATION
For School Year 2018 - 2019**

Grade _____

This application form (approved July, 1993) was prepared pursuant to Section 33-1402, Idaho Code, and may be used by any school district. Any other form must be approved by the State Superintendent of Public Instruction.

NOTE: *A copy of the applicant student's accumulative record must be attached to this application.*

Out-of-District Application

In-District Transfer Application

Name of Receiving School: _____

School District Name and Number: _____

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: _____

1. Parent/Guardian's Name: _____

Parent/Guardian's Address:

Home Phone #: _____ Work Phone #: _____

2. Applicant Student's Name: _____

Date of Birth: _____

3. School Student is Presently Attending: _____
(Name of School)

School Address: _____

Present Grade Level: _____ Years in District: _____

4. Has the student ever been suspended or expelled from school? Yes No

If YES, describe the circumstances (including dates and duration): _____

5. Reason(s) for requesting attendance in this school (Optional)

6. Special instructional programs in which the applicant student is currently enrolled.
(For example: vocational, foreign, language, remedial, special education, gifted/talented, etc.):

7. Special instructional programs that the applicant student expects to enroll in during the next school year:

8. Transportation arrangements that will be made by the parent/guardian:

9. Student's Home District: _____

Approved

Disapproved

Date: _____

1.) Principal's Signature: _____

2.) Superintendent's Signature: _____

Following action on 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.