

# Open Enrollment Application

## 2024-2025 & 2025-2026

**CAUTION: Knowingly providing false information on this form will invalidate the application.**

### To be completed by parent or guardian:

1. Full Legal Name of Student: \_\_\_\_\_
2. Date of Birth: \_\_\_\_\_ School Year: \_\_\_\_\_ Grade Level: \_\_\_\_\_ Gender: \_\_\_\_\_
3. Full Legal Name of Parent or Guardian: \_\_\_\_\_
4. Telephone Number(s) – Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_
5. Residential Address – Street/P.O. Box: \_\_\_\_\_ City: \_\_\_\_\_  
Zip Code: \_\_\_\_\_ County: \_\_\_\_\_
6. Email Address: \_\_\_\_\_
7. Resident District: \_\_\_\_\_ Attendance Center (School Building): \_\_\_\_\_
8. District Requested: \_\_\_\_\_ Attendance Center (School Building):\* \_\_\_\_\_  
*\*Request does not guarantee placement*
9. Is this application a request to continue in the former district of residence following a move to a new school district?  
 Yes Date of Move: \_\_\_\_\_  
 No
10. Does the applicant have a sibling under open enrollment?  
 Yes Sibling Name: \_\_\_\_\_ Open Enrolled District and School: \_\_\_\_\_  
 No
11. 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
12. Is your child currently:
  - a. Eligible to receive special education services?  Yes  No
  - b. Being evaluated for special education services?  Yes  No
  - c. Receiving English language learning services?  Yes  No
  - d. Under suspension or expulsion from school?  Yes  No
    - If yes, date the suspension or expulsion will be complete: \_\_\_\_\_
  - e. Open enrolled (attending a school district that the student does not live in)?  Yes  No
13. Will you request transportation assistance?  Yes  No
  - If yes, attach the following to the application being sent to the resident district:
    - Proof of income and
    - Number in persons in the household.

QUESTION 14 SHOULD BE COMPLETED ONLY IF THE APPLICATION IS BEING FILED AFTER MARCH 1 FOR GRADES 1-12.

14. Check circumstance(s) that apply to the student. List date of change or provide information when pertinent:

Circumstance(s)	Date/Required Information
<input type="checkbox"/> Change in resident district due to: family move or change in state	Date of change: _____
<input type="checkbox"/> Change in student's residence due to: <ul style="list-style-type: none"> <li>• Change in residence from one parent or guardian to another,</li> <li>• Change in the marital status of the student's parents that results in a change in resident district,</li> <li>• Change in guardianship or custody proceeding,</li> <li>• Placement of the child in foster care, or</li> <li>• Adoption</li> </ul>	Date of change: _____
<input type="checkbox"/> Participation in foreign exchange program	Date of participation: _____
<input type="checkbox"/> Participation in a substance abuse or mental health treatment program that results in a change of residence	Date of participation: _____
<input type="checkbox"/> Initial placement of preschool student in special education	Date of individualized educational program (IEP): _____
<input type="checkbox"/> Failure of negotiations for reorganization or whole grade sharing	Date of failure: _____
<input type="checkbox"/> Loss of accreditation or revocation of a nonpublic or charter school contract	Date of loss or revocation: _____
<input type="checkbox"/> Pervasive harassment or a severe health condition	Full name of district employee familiar with the student <u>and their situation</u> : _____  Brief description the events occurring after March 1: _____ _____ _____ _____

I certify the information I have provided is true, and I have sent a copy of this form to my resident district and to the district I wish for my child to attend.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date Signed

**To be completed by the receiving district:**

The receiving district has the authority to act on all applications (before or after deadline) except for those applicants alleging repeated harassment or a severe health need that cannot be accommodated in the resident district.

- Child has an IEP.  
 • If yes, date of consultation with the resident district and area education agency: \_\_\_\_\_

**Date application was received:** \_\_\_\_\_ **The application is (select one):**  Approved  Denied

<b>Approved:</b>	<b>Denied:</b>
Receiving District Superintendent Signature	Receiving District Superintendent Signature
Date Signed	Date of Receiving District School Board Action  <b>Indicate reason for denial (select one):</b> <input type="checkbox"/> Application filed late with no good cause. <input type="checkbox"/> Insufficient classroom space. <input type="checkbox"/> Student under suspension or expulsion. <input type="checkbox"/> Appropriate special education program not available.

**To be completed by the resident district:**

**The resident district is acting on this application for the following reason(s):**

- Student alleges pervasive harassment that began or escalated after deadline.  
 Student has a severe health condition that began or escalated after deadline.  
 Application filed late with no good cause.

**Date application was received:** \_\_\_\_\_ | **The application is:**  Approved  Denied

<b>Approved:</b>	<b>Denied:</b>
Resident District Superintendent Signature	Resident District Superintendent Signature
Date Signed	Date of Resident District School Board Action  <b>Indicate reason for denial (select one):</b> <input type="checkbox"/> Doesn't meet severe health condition criteria. <input type="checkbox"/> Doesn't meet pervasive harassment criteria. <input type="checkbox"/> Application filed late with no good cause.