

This form is for the sole purpose of requesting attendance at a school outside your residential school zone.  
This is NOT a registration form.

# OPEN ENROLLMENT APPLICATION

<b>For School Year 20</b> ____ <b>- 20</b> ____ <b>Grade</b> ____ <b>(in 20</b> ____ <b>- 20</b> ____)				
<p><b>This application form (approved March 2000) 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.</b></p> <p>NOTE: For out-of-district applicants, a copy of the applicant student's cumulative record needs to be submitted before the student can be accepted or denied.</p> <p>NOTE: You must reapply, to the district, using a new Open Enrollment Form annually. Submissions need to be made by March 1st each year.</p>				
<table border="0" style="width: 100%;"><tr><td style="width: 50%;"><input type="checkbox"/> New Application</td><td style="width: 50%;"><input type="checkbox"/> Renewal Application</td></tr><tr><td><input type="checkbox"/> Out of Emmett School District Application</td><td><input type="checkbox"/> Transfer Between Schools Within District Application</td></tr></table>	<input type="checkbox"/> New Application	<input type="checkbox"/> Renewal Application	<input type="checkbox"/> Out of Emmett School District Application	<input type="checkbox"/> Transfer Between Schools Within District Application
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Name of Proposed Receiving School \_\_\_\_\_  
School District Name \_\_\_\_\_

1. Applicant Student's Name \_\_\_\_\_  
Date of Birth \_\_\_\_\_

2. School Student is Presently Attending:  
Name of School \_\_\_\_\_  
Address of School \_\_\_\_\_  
Present Grade Level of Student \_\_\_\_\_

3. Has the student ever been suspended or expelled from school? Yes \_\_\_ No \_\_\_  
If YES, describe the circumstances (including dates and duration). \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Reason(s) for requesting attendance in this school (optional).  
\_\_\_\_\_  
\_\_\_\_\_

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

OPEN ENROLLMENT APPLICATION – Page 2

6. Special and/or unique instructional programs in which the applicant student expects to enroll during the next school year. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Transportation arrangements that will be made by the parent/guardian.  
\_\_\_\_\_  
\_\_\_\_\_

8. Parent/Guardian's Name \_\_\_\_\_  
(please print)  
Parent/Guardian's Address \_\_\_\_\_  
(please print) (street) (PO Box)  
\_\_\_\_\_  
(City/State/Zip)

Email Address: \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Message Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

I have read the school district policy on open enrollment, and hereby request that my son/daughter be permitted to attend \_\_\_\_\_.

(Name of proposed receiving school)

Parent/Guardian's Signature: \_\_\_\_\_

Date of Application: \_\_\_\_\_

( ) Approved ( ) Disapproved Date: \_\_\_\_\_

Superintendent's Signature \_\_\_\_\_  
\_\_\_\_\_

Within 60 days 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.