

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

For School Year 20 ____ - 20 ____
Grade ____ (in 20 ____ - 20 ____)

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.

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.
NOTE: You must reapply, to the district, using a new Open Enrollment Form annually. Submissions need to be made by March 1st each year.

<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

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.) _____

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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.