

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"> • Change in residence from one parent or guardian to another, • Change in the marital status of the student's parents that results in a change in resident district, • Change in guardianship or custody proceeding, • Placement of the child in foster care, or • Adoption 	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 and their situation: _____ 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

Approved:	Denied:
Receiving District Superintendent Signature	Receiving District Superintendent Signature
Date Signed	Date of Receiving District School Board Action
	Indicate reason for denial (select one): <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

Approved:	Denied:
Resident District Superintendent Signature	Resident District Superintendent Signature
Date Signed	Date of Resident District School Board Action
	Indicate reason for denial (select one): <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.