# OPEN ENROLLMENT APPLICATION
For School Year 2019 - 2020

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.

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<tr>
<td>☐ Out-of-District Application</td>
<td>☐ In-District Transfer Application</td>
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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.