

School Year 2022-2023 Open Enrollment Application

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: _____ Grade for 2022-2023: _____ 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. The student will be enrolled in the following (check all that apply):

<input type="checkbox"/> Regular Education	<input type="checkbox"/> Special Education
<input type="checkbox"/> Home School (Competent Private Instruction)	<input type="checkbox"/> Home School Assistance Program
<input type="checkbox"/> Dual Enrollment: Academic	<input type="checkbox"/> Dual Enrollment: Activity Program
<input type="checkbox"/> Open Enrolling to Approved Online Program and Participating in Resident District Co-Curricular Activities	
10. 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
11. 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 12 SHOULD BE COMPLETED ONLY IF THE APPLICATION IS BEING FILED AFTER MARCH 1 FOR GRADES 1-12.

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

Circumstance(s)	Date/Required Attachments
<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 private or charter school contract	Date of loss or revocation: _____
<input type="checkbox"/> Child's school building is identified in need of significant need for improvement as defined by the Iowa School Performance Profiles or the federal Every Student Succeeds Act for two or more proceeding school years	None
<input type="checkbox"/> Pervasive harassment or a severe health condition	Attach name of a district employee familiar with the student and a brief description the events occurring after March 1
<input type="checkbox"/> A consistent failure to reasonably respond to a student's failure to meet basic academic standards (Note: The State Board will establish rules to implement this provision).	Attach name of a district employee familiar with the student and a 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, a severe health need that cannot be accommodated in the resident district, or that the district has failed to reasonably respond to a student's failure to meet basic academic needs.

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

Date application was received: _____ | The application is: Approved Denied

Approved:	Denied:
Receiving District Superintendent Signature	Receiving District Superintendent Signature
Date Signed	Date of Receiving District School Board Action
	<p>Indicate reason for denial (select one):</p> <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.
 The resident district's consistent failure to reasonably respond to a student's failure to meet basic academic standards.
 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
	<p>Indicate reason for denial (select one):</p> <input type="checkbox"/> Doesn't meet severe health condition criteria. <input type="checkbox"/> Doesn't meet pervasive harassment criteria. <input type="checkbox"/> Doesn't meet failure to reasonably respond to a student's academic failure criteria. <input type="checkbox"/> Application filed late with no good cause.