

**Filer School District
OPEN ENROLLMENT APPLICATION**

Date & Time Received

J.5.1

For School Year 20__-20__
Grade _____ (for year /)

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 accumulative record must be attached to this application.

() **Out-of-District Application** () **In-District Transfer Application**

Name of Proposed Receiving School _____

School District No 413

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.) _____

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

Page 2 Open Enrollment Application Form

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

8. Parent/Guardian's Name _____

E-mail Address _____

Parent/Guardian's Physical Address _____

Parent/Guardian's Mailing Address _____

Home Phone _____ Work Phone _____

9. Parents who enroll a student within a particular school under a false address (grandparents address, etc.) will not be allowed to request a transfer and will be expected to enroll the child at the proper school or district.

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 _____

<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved Date _____ Principal's Signature _____ <input type="checkbox"/> Approved <input type="checkbox"/> 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 applicant is denied, a written explanation for the denial must be attached.