

OPEN ENROLLMENT APPLICATION
DATE/TIME RECEIVED:_____

For School Year 20____ - 20____
Grade _____

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 the State Superintendent of Public Instruction.

NOTE: For out-of-district applicants, a copy of the applicant student's cumulative record must be attached to this application. The cumulative record may be obtained from the student's current school.

() Out-of-District Application Name of District_____

() In-District Transfer Application

Name of Proposed Receiving School_____

1. Applicant Student's Name_____

Date of Birth_____

2. School student is presently attending, or would attend if student were in a public school.

Name of School_____

Address of School_____

Present Grade Level of Student_____

3. Has the student ever been suspended or expelled from school or has the student committed a disciplinary violation for which he/she could be suspended or expelled?

Yes_____ No_____

4. Has the student had a history of disciplinary infractions? Yes _____ No _____

If YES, describe the circumstances (including dates and duration) _____

5. Reason(s) for requesting attendance in this school (optional).

6. 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.) _____
7. Special and/or unique instructional programs in which the applicant student expects to enroll in at the new school. _____
8. Extra-curricular activities in which the applicant wishes to participate _____
9. Transportation arrangements that will be made by the parent/guardian. _____
10. Parent/Guardian's Name _____
 Parent/Guardian's Address _____

 Home Phone _____ Work Phone _____
 Message Phone _____ Work Phone _____

I have read the school district procedure on open enrollment, and hereby request that my son/daughter be permitted to attend _____
 (Name of Proposed Receiving School)

Parent/guardian's Signature: _____

Misrepresentation of information on this application may result in revocation of the applicant's approval to attend a Madison School District school.

() Approved	() Disapproved	Date _____
Superintendent's or Designee's Signature _____		
<p>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.</p>		

PRINCIPAL SIGNATURES

_____ **In-District Transfer:** _____ **(Home School)**
 _____ **(Receiving School)**
 _____ **Out-of-District Transfer:** _____ **(Receiving School)**

Approved: November 13, 2012