

# 2017-2018 School Year Iowa Open Enrollment Application

**\*Iowa Law requires an application for each child in a family requesting open enrollment to be sent to both to the resident and receiving districts on/or before deadline in order to be considered for approval.\***

**Deadline: Grades 1-12, March 1, 2017  
Kindergarten, September 1, 2017**

1. Name of Student \_\_\_\_\_ 2. Date of Birth: \_\_\_\_\_
3. Grade for 2017-2018 \_\_\_\_\_ 4. Circle Gender: Female / Male
5. Parent/Guardian \_\_\_\_\_
6. Telephone \_\_\_\_\_  
Note: It is helpful to have more than one number. H=home W=work C=cell
7. Resident Address \_\_\_\_\_  
Street/Box City Zip County
8. Email Address \_\_\_\_\_
9. Resident District \_\_\_\_\_ Attendance Center \_\_\_\_\_
10. District Requested \_\_\_\_\_ Attendance Center\* \_\_\_\_\_  
\*Request does not guarantee placement
11. Is this application a request to continue education in the former district of residence following a move to a new district? Circle one: Yes or No
12. Please indicate if the applicant has a sibling currently under open enrollment.  
Sibling Name: \_\_\_\_\_ District/School open enrolled: \_\_\_\_\_
13. The student will be enrolled in the following (check all that apply):  
Regular Education \_\_\_\_\_ Special Education \_\_\_\_\_  
Home School (CPI) \_\_\_\_\_ Home School Assistance Program \_\_\_\_\_  
Dual Enrollment – Academic \_\_\_\_\_ Dual Enrollment–Activity Program \_\_\_\_\_
14. Is your child currently eligible for receiving special education services? Circle one: Yes or No
15. Is your child currently being evaluated for special education services? Circle one: Yes or No
16. Is your child currently receiving English Language Learning services? Circle one: Yes or No
17. Is the student currently under suspension or expulsion from school? Circle one: Yes or No  
If yes, when will the suspension / expulsion be complete? \_\_\_\_\_
18. **This section should be completed IF the application is being filed after March 1 for grades 1-12.**  

	<b>Date of Change</b>
a) Change in district of residence due to: family move, change in Marital status, foster care, adoption, or treatment program	_____
b) Participation in foreign exchange program	_____
c) Failure of negotiations for reorganization or whole grade sharing	_____
d) Loss of accreditation or revocation of a private or charter school	_____

19. Is the application being filed due to pervasive harassment or severe health? Circle one: Yes or No  
If yes, briefly describe events occurring after March 1 and provide the name of a district employee familiar with the student on a separate sheet.
20. Will you request transportation assistance? Circle one: Yes or No  
If yes, attach proof of income and number in household to the application sent to the resident district.

**I certify the above information is true and I have sent a copy of this form to my resident district and to the district I want my child to attend.**

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

**\*CAUTION: Knowingly providing false information on this form will invalidate the application.\***

**Receiving District**

The receiving district has the authority to take action on all applications (before or after March 1) except:

- a) Those **alleging harassment** or **severe health need condition** that cannot be accommodated in resident district.
- b) Resident district has a **diversity plan**.
- c) Resident district's numerical caps for the virtual schools at have been reached.

**In these cases the resident district must act first.**

Date application was received: \_\_\_\_\_

Approved: \_\_\_\_\_  
Date Signature of Superintendent

Denied: \_\_\_\_\_  
Date of School Board Action Signature of Superintendent

If denied, indicate reason:

- \_\_\_\_\_ Request was not filed by March 1 and does not meet good cause.
- \_\_\_\_\_ Insufficient classroom space
- \_\_\_\_\_ Student under suspension or expulsion
- \_\_\_\_\_ Appropriate special education program is not available.

**Resident District**

Resident district is taking action on this application because of the following:

- \_\_\_\_\_ Resident district has a diversity plan on file with Department of Education.
- \_\_\_\_\_ Student alleges pervasive harassment that began or escalated after March 1.
- \_\_\_\_\_ Student has a severe health condition that began or escalated after March 1.
- \_\_\_\_\_ Application filed late with no good cause
- \_\_\_\_\_ Application is for the virtual school at CAM or Clayton Ridge and is exempt from numeric limitation because (a) a sibling attends or (b) attendance is in the student's best interest due to physically or emotionally fragile designation.

Date application was received: \_\_\_\_\_

Approved: \_\_\_\_\_  
Date Signature of Superintendent

Denied: \_\_\_\_\_  
Date of School Board Action Signature of Superintendent

If denied, indicate reason:

- \_\_\_\_\_ Does not meet diversity plan criteria \_\_\_\_\_ Does not meet criteria for pervasive harassment
- \_\_\_\_\_ Does not meet criteria for severe health condition \_\_\_\_\_ Application filed late

\_\_\_\_\_ Application is for virtual school at CAM or Clayton Ridge and does not meet one of the exceptions (sibling attends and/or physical or emotionally fragile designation) to numeric limitations.