

# 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.**

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

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.