

## Open Enrollment Application

## 2014-2015 School Year



Deadline: March 1, 2014 for grades 1-12 A copy of the application must be sent to the application to the Department of Education)	September 1, 2014 for K sending and receiving districts. (Do	
1. Name of Student	2. Date of Birth: _	
3. Grade Level for 2014-2015	4. Female	Male
5. Parent/Guardian		
6. Telephone	than one number. Hahama Watwork Casell	
7. Address		
8. Email Address		County
9. Resident District	Attendance Center	
10. District Requested	Attendance Center*	too placement
<ul> <li>11. Is this application a request to continue e to a new district? Yes No</li> <li>12. If the resident district has a diversity plan</li> </ul>	education in the former district of reside  n (Davenport, Des Moines, Postville, W	ence following a move /aterloo, West Liberty),
please indicate if the applicant has a sibling of following: Sibling Name Sibling District/School open enrolled	currently under open enrollment? If ye	
13. The student will be enrolled in the followi Regular Education Home School (CPI) Dual Enrollment – Academic	Special Education Home School Assistance Program	
<ul><li>14. Is your child currently eligible for receivin</li><li>15. Is your child currently being evaluated fo</li><li>16. Is the student currently under suspension If yes, when will the suspension / expulsion</li></ul>	r special education services? Yes n or expulsion from school? Yes	No
<ul> <li>17. This section should be completed IF the Qualifications <ul> <li>a) Change in district of residence d Marital status, foster care, adopt</li> <li>b) Participation in foreign exchange</li> <li>c) Failure of negotiations for reorga</li> <li>d) Loss of accreditation or revocation</li> <li>e) Pervasive harassment or severe occurring after March 1 or provide familiar with the student.</li> </ul> </li> </ul>	Lue to: family move, change in tion, or treatment program e program anization or whole grade sharing on of a private or charter school	Date of Change

18. Request for transportation assistance. Yes \_\_\_\_\_ No \_\_\_\_ (If yes, attach proof of income to application and number in household.)

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

**Receiving District** 

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

 Those alleging harassment or severe health need condition that cannot be accommodated in resident district.

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

b) Resident district had a diversity plan. (Davenport, Des Moines, Postville, Waterloo, West Liberty)

Date application was received:

Approved: \_\_\_\_\_\_

Denied

Signature of Superintendent Signature of Superintendent

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

Date of School Board Action

\_\_\_\_\_ 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.

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

Date

Approved: \_\_\_\_\_

Signature of Superintendent

If denied, indicate reason:

Denied:

Does not meet diversity plan criteria Does not meet criteria for pervasive harassment

Does not meet criteria for severe health condition

\_\_\_\_\_ Does not meet chiena for severe health conduit

Date of School Board Action

Date