

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
 11. Is this application a request to continue e to a new district? Yes No 12. If the resident district has a diversity plan 	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	
14. Is your child currently eligible for receivin15. Is your child currently being evaluated fo16. Is the student currently under suspension If yes, when will the suspension / expulsion	r special education services? Yes n or expulsion from school? Yes	No
 17. This section should be completed IF the Qualifications a) Change in district of residence d Marital status, foster care, adopt b) Participation in foreign exchange c) Failure of negotiations for reorga d) Loss of accreditation or revocation e) Pervasive harassment or severe occurring after March 1 or provide familiar with the student. 	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