



# Open Enrollment Application 2008-2009



**Deadline: March 1, 2008**

**Kindergarten only deadline: September 1, 2008**

**Please submit this form to the resident and receiving districts.**

1. Name of Student \_\_\_\_\_ 2. Date \_\_\_\_\_
3. Student's Date of Birth \_\_\_\_\_ 4. Grade Level for **2008-09** \_\_\_\_\_ 5. \_\_\_ Male \_\_\_ Female
6. Race/Ethnicity
 

<input type="checkbox"/> Asian/Pacific Islander	<input type="checkbox"/> Black/non-Hispanic	<input type="checkbox"/> White/Non-Hispanic
<input type="checkbox"/> Hispanic	<input type="checkbox"/> American Indian/Alaskan	
7. Parent/Guardian Name \_\_\_\_\_  
 Address \_\_\_\_\_  

Street/PO Box	City	County	Zip Code
---------------	------	--------	----------
8. Home telephone \_\_\_\_\_ 9. Work telephone \_\_\_\_\_
10. Current District \_\_\_\_\_ Current Attendance Center \_\_\_\_\_
11. District Requested \_\_\_\_\_ Attendance Center Requested\* \_\_\_\_\_  
**\*This request does not guarantee placement.**
12. Is this application due to the student or family moving into a new district of residence and desiring that the student remain in the **original district** with no interruption in the education program? \_\_\_ Yes \_\_\_ No
13. Does the applicant have a sibling currently attending the district requested? \_\_\_ Yes \_\_\_ No
14. The parent / guardian is requesting the following (check all that apply)
 

<input type="checkbox"/> Regular Education	<input type="checkbox"/> Dual enrollment - 9-12 (home school only)
<input type="checkbox"/> Special Education	<input type="checkbox"/> Dual enrollment-activity program(s) (applicable to grades 9-12) (home school only)
<input type="checkbox"/> English Language Learner Assistance	<input type="checkbox"/> Home school assistance program
<input type="checkbox"/> Dual enrollment - K-8 (home school only)	
15. Is the student currently under suspension or expulsion from school? \_\_\_ Yes \_\_\_ No
16. **Applications filed after March 1 will not be approved unless the reason for late filing qualifies for "good cause". "Good cause" means a change in the status of a child's resident district for any of the reasons listed below.**

	REASON	Date of Change
_____	Family moved to a new district of residence	_____
_____	Change in the marital status of the student's parents	_____
_____	Placement of the student into foster care resulting in new resident district	_____
_____	Adoption resulting in new resident district	_____
_____	Participation in a foreign exchange program	_____
_____	Participation in a substance abuse or mental health treatment program resulting in new resident district	_____
_____	Failure of negotiations for reorganization or rejection of proposed reorganization plan	_____
_____	Failure of negotiations for whole grade sharing or rejection of whole grade sharing*	_____
_____	Loss of accreditation or revocation of a charter school contract *	_____
_____	Severe health and/or pervasive harassment**	_____

\*If good cause is related to change in status of child's resident district, open enrollment request must be filed within **45** days of last board action or within **30** days of certification of an election, whichever is applicable.

\*\*If the application is being made in response to an alleged severe health need or pervasive harassment of student, the RESIDENT district will notify the applicant of status. Use the lines below to provide resident district with status of health concern or history of harassment occurring after March 1 deadline.

---

---

---

---

17. \_\_\_\_\_ Check here if you are requesting transportation assistance. (**ATTACH PROOF OF INCOME TO APPLICATION**)

I certify that the above information is true and that I have sent a copy of this form to my resident district and to the district I want my child to attend. \_\_\_\_\_ YES \_\_\_\_\_ NO

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

\_\_\_\_\_  
Date \_\_\_\_\_  
Signature of parent or guardian

**Receiving District – Complete items A-D**  
**(Also for Alternative Receiving District in case of application while under OE)**

**Exceptions:** a) a desegregation plan exists in the resident district  
b) the student alleges pervasive harassment or severe health condition  
If either of these exists, **the resident district completes E-G before** the receiving district completes A-D

A. Name of District \_\_\_\_\_ Student ID Number \_\_\_\_\_

B. Date application was received \_\_\_\_\_

C. District Action  Approved  Denied \_\_\_\_\_ Date \_\_\_\_\_

**If denied, indicate reason(s):**

- Request was not filed on time       Insufficient classroom space       Student on suspension or expulsion.  
 Proper special education program is not available.       Does not qualify for good cause.

D. Signature of Superintendent \_\_\_\_\_ Date \_\_\_\_\_

**Resident District – Complete items E-G**  
**(Also for current Receiving District in case of application to a new district while under OE)**

**Do not complete this section unless:** a) the resident district has a desegregation plan or  
b) the student claims pervasive harassment or severe health condition.  
If either of these exists, **the resident district completes items E-G before** the receiving district completes A-D.

E. Name of District \_\_\_\_\_ Student ID Number \_\_\_\_\_

F. Date application was received \_\_\_\_\_ District Action  Approved  Denied Date \_\_\_\_\_

**If denied, indicate reason:**

- Adverse affect desegregation plan       Insufficient evidence of harassment (past deadline)  
 Insufficient evidence of serious health condition that cannot be adequately addressed (past deadline)

6. G. Signature of Superintendent \_\_\_\_\_

Date \_\_\_\_\_