

# Open Enrollment Application

2004-05

Deadline: January 1, 2004

- This form must be sent to the resident AND receiving districts.
- The receiving district will take action on the application. Exception: If the resident district has a desegregation plan or the applicant claims harassment, the resident district acts on the application
- A separate application must be completed for each child.

1. Name of Student \_\_\_\_\_ Date of Application \_\_\_\_\_

2. Student's Date of Birth \_\_\_\_\_ 3. Grade Level for 2004-05 \_\_\_\_\_ 4.  Male  Female

5. Race/Ethnicity  Asian/Pacific Islander  American Indian/Alaskan  Black  
 Hispanic  White/NonHispanic  Other

6. Parent/Guardian Name \_\_\_\_\_

7. Address \_\_\_\_\_  
Street/PO Box \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_ Zip Code \_\_\_\_\_

8. Home telephone \_\_\_\_\_ Work telephone \_\_\_\_\_

9. Name of district currently attending (resident district) \_\_\_\_\_

10. Name of district you wish to attend (receiving district) \_\_\_\_\_

11. Is the request made due to the parent/guardian changing district of residence and desiring that the student remain in the original district with no interruption in the education program? \_\_\_\_ Yes \_\_\_\_ No

12. Optional: Name of attendance center of preference. Complete **only** if there is a choice of elementary, middle or junior high school, or high schools. This does not guarantee the choice. This is a district decision. \_\_\_\_\_

13. Does the child have a sibling that is currently open enrolled to the receiving district? Yes No

14. The student is requesting the following (check all that apply)

- Regular Education
- Special Education
- Dual enrollment - K-8
- Dual enrollment - 9-12
- Dual enrollment - activity program(s) only (applicable to grades 9-12)
- Home school assistance program

15. Is the student currently under suspension or expulsion from school? Yes No

16. Applications filed after January 1 will not be approved unless the reason for late filing qualifies for good cause. The reasons for good cause are listed below. Please indicate reason, if applicable.

- \_\_\_\_\_ 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
- \_\_\_\_\_ Adoption
- \_\_\_\_\_ Participation in a foreign exchange program
- \_\_\_\_\_ Participation in a substance abuse or mental health treatment program

The following must be filed within 45 days of board action or 30 days of the certification of an election:

- \_\_\_\_\_ Failure of an reorganization action
- \_\_\_\_\_ Failure of a whole grade sharing action
- \_\_\_\_\_ Loss of accreditation of nonpublic school

If the application is being made in response to a severe health need or pervasive harassment, please explain below  
 And send application to RESIDENT district for action. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

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

**Receiving District**  
**Complete items A-D**

**Exceptions: If the student alleges pervasive harassment or if a desegregation plan exists in the resident district, the receiving district does not complete this section until the items E-H has been completed by the resident district.**

A. Name of District \_\_\_\_\_

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

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

If denied, indicate reason:

- Request was not filed on time  Insufficient classroom space  Student on suspension or expulsion.
- Appropriate special education program is not available.

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

**Resident District**

**Do not complete this section unless the resident district has a desegregation plan  
or the student claims pervasive harassment. If either of these exist the resident district completes items E-H.**

E. Name of District \_\_\_\_\_

F. Date application was received \_\_\_\_\_

G. 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)

H. Signature of Superintendent \_\_\_\_\_

**The receiving district should mail one copy of this application to:**  
**Lois Irwin, Ed.D**  
**Iowa Department of Education**  
**Grimes State Office Building**  
**Des Moines, Iowa 50319**