## 2016-2017 School Year Iowa Open Enrollment Application

\*lowa Law requires an application for <u>each child</u> 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, 2016 Kindergarten, September 1, 2016

1.	Name of Student	2. Date of Birth: _	
3.	Grade for 2016-2017	4. Circle Gender:	Female / Male
5.	Parent/Guardian		
6.	TelephoneNote: It is helpful to have more than one number	Habana Wayyadi Casall	
7.	Resident AddressStreet/Box City	Zip	County
	Email Address	· ·	County
9.	Resident District	Attendance Center	
10.	District Requested	Attendance Center*	s not guarantee placement
11.	Is this application a request to continue education in the for new district? Circle one: Yes or No		- ·
12.	Please indicate if the applicant has a sibling currently unde	er open enrollment.	
	Sibling Name:	District/School open enrol	led:
13.	The student will be enrolled in the following (check all that Regular Education  Home School (CPI)  Dual Enrollment – Academic	apply): Special Education Home School Assistance Dual Enrollment–Activity I	
14.	Is your child currently eligible for receiving special education	on services? Circle one: Y	es or No
15.	Is your child currently being evaluated for special education	n services? Circle one: Ye	es or No
16.	Is your child currently receiving English Language Learning	g services? Circle one: You	es or No
17.	Is the student currently under suspension or expulsion from 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.
	<ul> <li>a) Change in district of residence due to: family move, of Marital status, foster care, adoption, or treatment pro</li> <li>b) Participation in foreign exchange program</li> <li>c) Failure of pegotiations for reorganization or whole graph</li> </ul>	hange in _ gram _	eate of Change

d) Loss of a	ccreditation or revocation of a private or	charter school	
s the application being filed due to pervasive harassment or severe health? Circle one: Yes or No f yes, briefly describe events occurring after March 1 and provide the name of a district employee familia with the student on a separate sheet.			
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.			
	above information is true and I have s it I want my child to attend.	ent a copy of this form to my resident district a	
Signature o	f Parent or Guardian	Date	
*CAUTION: Knowingly providing false information on this form will invalidate the application.*			
<ul> <li>a) Those alleging harassment or severe health need condition that cannot be accommodated in resident district.</li> <li>b) Resident district has a diversity plan.</li> <li>In these cases the resident district must act first.</li> </ul> Date application was received:			
Approved:	Date	Signature of Superintendent	
Denied	Date of School Board Action	organization corporations	
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 di	strict is taking action on this application I Resident district has a diversity plan Student alleges pervasive harassme	on file with Department of Education. Int that began or escalated after March 1. In that began or escalated after March 1.	
Date applic	ation was received:		
Approved:			
Denied:	Date	Signature of Superintendent	
If denied, in	Date of School Board Action  dicate reason:  Does not meet diversity plan criteria  Does not meet criteria for pervasive	Signature of Superintendent harassment	