

## 2020-2021 School Year Iowa Open Enrollment Application

**\*Iowa Law requires an application for each child 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.\*Iowa Code 282.18(2)**

**Deadlines: March 2, 2020: Grades 1-12**

**September 1, 2020: Kindergarten and Preschool special education**

1. Full Legal Name of Student: \_\_\_\_\_
2. Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_
3. Grade for 2020-2021: \_\_\_\_\_
4. Gender: Female or Male
5. Parent/Guardian \_\_\_\_\_
6. Telephone (Helpful to have more than one): \_\_\_\_\_
7. Resident Address Street/Box, City, Zip, County: \_\_\_\_\_
8. Email Address \_\_\_\_\_
9. Resident District \_\_\_\_\_ Attendance Center \_\_\_\_\_
10. District Requested \_\_\_\_\_ Attendance Center\* \_\_\_\_\_  
\*Request does not guarantee placement
11. Is this application a request to continue education in the former district of residence following a move to a new district? Yes or No
12. Please indicate if the applicant has a sibling currently under open enrollment.  
Sibling Name: \_\_\_\_\_ District/School open enrolled \_\_\_\_\_
13. The student will be enrolled in the following (check all that apply):  
Regular Education \_\_\_\_\_ Special Education \_\_\_\_\_  
Home School (CPI) \_\_\_\_\_ Home School Assistance Program \_\_\_\_\_  
Dual Enrollment–Academic \_\_\_\_\_ Dual Enrollment–Activity Program \_\_\_\_\_  
Open enrolling to an approved online program and participating in cocurricular activities in resident district \_\_\_\_\_
14. Is your child currently eligible for receiving special education services? Yes or No
15. Is your child currently being evaluated for special education services? Yes or No
16. Is your child currently receiving English Language Learning services? Yes or No
17. Is the student currently under suspension or expulsion from school? Yes or No  
If yes, when will the suspension / expulsion be complete? \_\_\_\_\_
18. **This section should be completed IF the application is being filed after March 2 for grades 1-12. List date of change.**
  - a) Change in district of residence due to: family move, change in \_\_\_\_\_  
Marital status, foster care, adoption, or treatment program
  - b) Participation in foreign exchange program \_\_\_\_\_

- c) Failure of negotiations for reorganization or whole grade sharing \_\_\_\_\_
- d) Loss of accreditation or revocation of a private or charter school \_\_\_\_\_

19. Is the application being filed due to pervasive harassment or severe health? Yes or No  
 If yes, briefly describe events occurring after March 1 and provide the name of a district employee familiar with the student on a separate sheet.
20. Will you request transportation assistance? Yes or No  
 If yes, attach proof of income and number in household to the application sent to the resident district.

**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 and Date Signed

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

**Receiving District**

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

- a) Those **alleging harassment** or **severe health need condition** that cannot be accommodated in resident district.
- b) Resident district has a **diversity plan**.

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

**If the child has an IEP date of consultation with the resident district and AEA** \_\_\_\_\_

Approved: \_\_\_\_\_  
Signature of Superintendent and Date Signed

Denied: \_\_\_\_\_  
Date of School Board Action and 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 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 deadline.
- \_\_\_\_\_ Student has a severe health condition that began or escalated after deadline.
- \_\_\_\_\_ Application filed late with no good cause

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

Approved: \_\_\_\_\_  
Signature of Superintendent and Date Signed

Denied: \_\_\_\_\_  
Date of School Board Action and Signature of Superintendent

If denied, indicate reason:

- \_\_\_\_\_ Does not meet diversity plan criteria.
- \_\_\_\_\_ Does not meet criteria for severe health condition.
- \_\_\_\_\_ Does not meet criteria for pervasive harassment.
- \_\_\_\_\_ Application filed late.