2019-2020 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 1, 2019: Grades 1-12
September 2, 2019: Kindergarten and Preschool special education

1. Full Legal Name of Student: _____________________________________________
2. Date of Birth: _____/_____/______
3. Grade for 2019-2020:_______
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 1 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 March 1) except:

a) Those alleging harassment or severe health need condition that cannot be accommodated in
   resident district.

b) Resident district has a diversity plan.

c) Resident district’s numerical caps for the virtual schools at have been reached. In these cases the
   resident district must act first.

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 March 1.

_____ Student has a severe health condition that began or escalated after March 1.

_____ 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.