

North Gem School District #149

STUDENTS

3010F

OPEN ENROLLMENT APPLICATION
DATE/TIME RECEIVED: _____

For School Year 20____ - 20____ Grade _____
This application form (approved March 2000) was prepared pursuant to Section 33-1402, Idaho Code, and may be used by any school district. Any other form must be approved the State Superintendent of Public Instruction.
NOTE: For out-of-district applicants, a copy of the applicant student's cumulative record must be attached to this application. The cumulative record may be obtained from the student's current school.
() Out-of-District Application Name of District: _____

Name of Proposed Receiving School _____

1. Applicant Student's Name: _____
Date of Birth: _____

2. School student is presently attending, or would attend if student were in a public school.
Name of School: _____
Address of School: _____
Present Grade Level of Student: _____

3. Has the student ever been suspended or expelled from school or has the student committed a disciplinary violation for which he or she could be suspended or expelled?
Yes _____ No _____

4. Has the student had a history of disciplinary infractions? Yes _____ No _____
If YES, describe the circumstances (including dates and duration):

5. Reason(s) for requesting attendance in this school (optional): _____

6. Special and/or unique instructional programs in which the applicant student is currently enrolled. (For example: vocational, foreign language, remedial, special education, gifted/talented, etc.): _____

7. Special and/or unique instructional programs in which the applicant student expects to enroll in at the new school: _____

8. Extracurricular activities in which the applicant wishes to participate: _____

9. Transportation arrangements that will be made by the parent/guardian: _____

10. Parent/Guardian's Name: _____
Parent/Guardian's Address: _____

- Home Phone: _____ Work Phone: _____
Message Phone: _____ Work Phone: _____

I have read the school district procedure on open enrollment, and hereby request that my son/daughter be permitted to attend _____
(Name of Proposed Receiving School)

Parent/guardian's Signature: _____

Misrepresentation of information on this application may result in revocation of the applicant's approval to attend a {{Full_District_Name}} school.

() Approved () Disapproved Date _____

Superintendent's or Designee's Signature: _____

Within 60 days following action on the application, copies must be sent to parents, building principal and, for out-of-district applicants, the superintendent of the home district. If the application is denied, a written explanation for the denial must be attached.