

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: _____
() In-District Transfer Application

Name of Proposed Receiving School _____

(Some specialized programs are only offered in a limited number of schools, e.g. special education, English Language Learner, etc. Contact Wallace School District Office for further information.)

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 Wallace School District 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.

PRINCIPAL SIGNATURES

_____ **In-District**

Transfer: _____ **(Home School)**

_____ **(Receiving School)**

_____ **Out-of-District**

Transfer: _____ **(Receiving School)**