2019-2020 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.*lowa 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
	Is your child currently being evaluated for special education services? Yes or No
	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

Cause of negotiations for reorganization or whole grade sharing	Loss of accreditation or revocation of a private or charter school	d) Is figure with the second of the second o	the application being filed due to pervasive harassment or severe health? Yes or No yes, briefly describe events occurring after March 1 and provide the name of a district employee familiar ith the student on a separate sheet. ill you request transportation assistance? Yes or No yes, attach proof of income and number in household to the application sent to the resident district. certify the above information is true and I have sent a copy of this form to my resident district and 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** ne receiving district has the authority to take action on all applications (before or after March 1) except: Those alleging harassment or severe health need condition that cannot be accommodated in resident district.
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