

# OPEN ENROLLMENT APPLICATION

Applying for School Year 20 \_\_\_\_\_ - 20 \_\_\_\_\_

Today's Date \_\_\_\_\_

Check one:  Resident of Mountain Home School District  Out-of-District

School zone in which student currently resides \_\_\_\_\_ Grade Level in Indicated School Year \_\_\_\_\_

Preferred School to attend \_\_\_\_\_

*We will approve your application based on school capacity. If your choice of school is full, please register your child in his/her neighborhood school.*

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Parent/Guardian Email \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Reason(s) for requesting enrollment in this school:

Sibling(s) Currently Attend – Name(s) \_\_\_\_\_

Family has moved out of attendance zone; parents want student to stay in current school

Proximity to Parent Work  Proximity to Home  Know Teacher/Staff  Friends Attend \_\_\_\_\_

Extra-curricular Program  Unhappy at Previous School  Child Care Location  Other (please explain)

Is the applicant student currently on an IEP, 504 Plan, or English Language Learner program? \_\_\_\_\_

Has the student ever been suspended or expelled from any Idaho school? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe the circumstances, including dates and duration. \_\_\_\_\_

Transportation of open enrolled students is the parent's responsibility. However, open enrolled students may ride a bus to and from school if parents transport the student to an existing zone bus stop within the boundary of their requested school and if there is room for the student on that existing zone bus route.

**It is the parent's responsibility to contact Caldwell Transportation Company to determine availability, bus stop location, and route information.** Transportation for open enrollment students will not be provided until a determination can be made whether or not space is available on a particular bus. This determination may not be made until after the first 2-3 weeks of school.

*I have read the school district procedures on Open Enrollment and hereby request that my son/daughter be permitted to attend the requested school listed above. I understand that the district reserves the right to remove an open enrolled student at any time because of school or program overcrowding, unacceptable behavior, false or misleading information on the application, lack of academic progress, poor attendance, issues with late arrival/pick-up times, or other circumstances that interfere with the learning environment as determined by the Superintendent or designee.*

Parent/Guardian Signature: \_\_\_\_\_

Bldg. Principal's Signature \_\_\_\_\_ ( ) Approved ( ) Disapproved Date: \_\_\_\_\_

Reason for denial: \_\_\_\_\_

Superintendent's Signature \_\_\_\_\_ ( ) Approved ( ) Disapproved Date: \_\_\_\_\_

Reason for denial: \_\_\_\_\_