

# 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 \_\_\_\_\_

*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: _____