

**STUDENTS**

**3140F**

Open Enrollment Form

Page 1 of 2

**OPEN ENROLLMENT APPLICATION**

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 by 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.**

<input type="checkbox"/> <b>Out-of-District Application</b> <input type="checkbox"/> <b>In-District Transfer Application</b>
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Name of Proposed Receiving School \_\_\_\_\_

School District Name **Potlatch School District # 285**

1. Applicant Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_
2. School Student is Presently Attending:  
 Name of School \_\_\_\_\_  
 Address of School \_\_\_\_\_  
 Present Grade Level of Student \_\_\_\_\_
3. Has the student ever been suspended or expelled from school? Yes \_\_\_ No \_\_\_  
 If YES, describe the circumstances (including dates and duration). \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
4. Reason (s) for requesting attendance in this school (optional).  
 \_\_\_\_\_  
 \_\_\_\_\_
5. 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.)  
 \_\_\_\_\_  
 \_\_\_\_\_

OVER->

**STUDENTS**

**3140F**

Open Enrollment Form (Cont'd)

Page 2 of 2

**OPEN ENROLLMENT APPLICATION – back page**

6. Special and/or unique instructional programs in which the applicant student expects to enroll during the next school year.

\_\_\_\_\_

7. Transportation arrangements that will be made by the parent/guardian.

\_\_\_\_\_

8. Parent/Guardian's Name \_\_\_\_\_

Parent/Guardian's Address \_\_\_\_\_

Home phone \_\_\_\_\_ Work phone \_\_\_\_\_

Message phone \_\_\_\_\_ Work phone \_\_\_\_\_

I have read the school district policy on open enrollment, and hereby request that my son/daughter be permitted to attend \_\_\_\_\_.  
(Name of proposed receiving school)

*Parent/Guardian's Signature:* \_\_\_\_\_

( ) Approved      ( ) Disapproved      Date: \_\_\_\_\_

*Superintendent's Signature* \_\_\_\_\_

Within sixty (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.