

Lakeland Joint School District

STUDENTS

3010F

LAKELAND JOINT SCHOOL DISTRICT
OPEN ENROLLMENT APPLICATION
DATE/TIME RECEIVED: _____

For School Year 20____ - 20____
Grade _____

This application form 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. The cumulative record may be obtained from the student's current school.

☐ **Out-of-District Application** ☐ **In-District Transfer Application** ☐ **Staff Waiver**

1. Name of Requested School: _____
(Some specialized programs are only offered in a limited number of schools. Contact the LJSD district office at 208-687-0431 for further information.)
2. Applicant Student's Name: _____
3. Date of Birth: _____
4. School the student is zoned for, or would attend if the student were in a public school. Name of School: _____
5. Present Grade Level of Student: _____
6. 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 _____
7. Has the student had a history of disciplinary infractions? YES _____ NO _____
If YES, describe the circumstances (including dates and duration): _____

8. Reason(s) for requesting attendance in this school:

9. 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.):

10. Special and/or unique instructional programs in which the applicant student expects to enroll in at the new school:

11. Extracurricular activities in which the applicant wishes to participate:

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

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 Requested School)

Parent/Guardian Signature: _____

Misrepresentation of information on this application may result in revocation of the applicant's approval to attend Lakeland Joint School District.

Date: _____

☐ **Approved - Application has been approved.**

The following responsibilities and expectations shall be initialed by the parent/guardian :

- _____ Transporting your child to school, OR if space is available, to the nearest bus stop.
- _____ Annual completion of the Open Enrollment application.
- _____ Violations of District policies (i.e. attendance or behavior) may be grounds for removing the student during the school year.
- _____ Students meeting the requirements for specialized programs are to adhere to the policies and procedures established within those specific programs.

Parent and/or Guardian's Signature: _____

Superintendent Signature: _____

Board Chair's Signature: _____

PRINCIPAL SIGNATURES

In-District Transfer: _____ **(Requested School)**

_____ **(Zoned School)**

Out-of-District Transfer: _____ **(Requested School)**

The District office shall notify the parent/guardian within sixty (60) days after the application has been submitted.

Date: _____

☐ **Denied - Application has been denied for one or more of the following reasons:**

- ☐ A school, grade, or program(s) has a lack of available classroom space and/or staff.
☐ Other Schools Considered:

- ☐ The student has been suspended or expelled or has committed a disciplinary violation for which he or she could be suspended or expelled;

- ☐ The student has a history of other documented disciplinary infractions or would cause a disruption of the education process.

- ☐ It is determined that information on the Open Enrollment Application has been misrepresented or was incomplete.

Superintendent Signature: _____

Board Chair's Signature: _____

PRINCIPAL SIGNATURES

In-District Transfer: _____ **(Requested School)**

_____ **(Zoned School)**

Out-of-District Transfer: _____ **(Requested School)**

The District office shall notify the parent/guardian within sixty (60) days after the application has been submitted. In the event the application is denied, a written explanation of the denial will be provided to the parent/guardian.