

POST FALLS SCHOOL DISTRICT OPEN ENROLLMENT APPLICATION

() Out-of-District Application

() In-District Transfer Application

Date: _____

Requested School: _____

Zoned School: _____

Current School & Grade: _____

Student Information	
Student Name Last _____ First _____	School year for request: 20____ to 20____ Student grade in school year requested: _____
Street Address	Date of Birth
City / Zip	Home Phone
Parent/Legal Guardian Name	Cell Phone
Parent/Legal Guardian Email	

Reason for student transfer: _____

Is your student on an IEP? YES _____ NO _____ Is your student on a 504 Plan? YES _____ NO _____

Has your student had a history of attendance infractions within the past three years? YES _____ NO _____

Has your student had a history of disciplinary infractions within the past three years? YES _____ NO _____

Please explain attendance and/or disciplinary infractions: _____

Will your student participate in IHSAA (Idaho HS Athletic Association) sanctioned activities? YES _____ NO _____

If yes, which sport/activities: _____

Considerations:

- If the student participates in any athletic program governed by IHSAA, he/she may not be eligible to participate at the new school. The parent or guardian should check [IHSAA rules](#) before submitting an application.
- The transfer request is not complete until the resident school has released the student, submitted the request to the requested school and it has been accepted. The student should remain enrolled in the resident school until there is an effective start date at the requested school.
- The district will notify parents of acceptance and the effective start date or denial.
- Transportation of open-enrolled students is the responsibility of the parent/guardian.

Decision-Making Criteria, Revocation, and Appeals:

Space Availability - All applications will be considered on a stringent space-available basis. In the event there is not space available in the grade level, class or program requested, the student will be placed on a waiting list in the order of the date and time of the request.

Attendance and Disciplinary Infractions - Open enrolled students are expected to follow all discipline and attendance policies and regulations applicable to all Post Falls School District students. Failure to meet these conditions may result in revocation of this Open Enrollment transfer and return to his/her resident school.

Appeals - Appeals of an administrator's denial or revocation of open enrollment for students residing within the Post Falls School District boundary will be directed to: PFSD Assistant Superintendent except for denials based on space availability, in which case the administrator's decision is final.

Acknowledgements:

- I certify the information provided is accurate and complete.
- I understand approval of this request shall be dependent upon the acceptance and rejection standards stated in the district's policy (502.3 and 502.3a).
- I understand my student must continue to attend the resident school until the effective start date of the transfer, and nonattendance is subject to truancy procedures.
- I understand I am responsible for providing transportation to and from school for my student.
- I understand requests are approved for one school year only, and it is my responsibility to complete an Open Enrollment Application each year **before the end of July**.
- I understand an approved Open Enrollment application is only good for one year and does not guarantee ongoing placement, nor does it guarantee siblings will also be approved.
- I understand the transfer can be revoked at any time in accordance to the conditions listed in district policy (502.3 and 502.3a) including attendance or discipline issues and/or if there is no longer space within the grade level, class or program.

I have read the school district policies and procedures on Open Enrollment and hereby request that my son/daughter be permitted to attend the requested school.

Parent/Legal Guardian Signature _____ Date _____

Parent / Legal Guardian printed name: _____

For District/School Use Only
Notes / Comments:
Assistant Superintendent's Signature and Date:
Transfer request: Approved _____ Denied _____ Reason for denial: _____
Date of Parent Notification: