Lakeland Joint School District No. 272

STUDENTS

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 |
| Name of Requested School: |
| 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): |

3010F

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 for two (2) consecutive years. 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. | | |
| Applications must be re-submitted annually by February1 if the intention is to re-enroll in the accepted school. | | |
| 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 of | 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: | | |
| | | |
| | | |
| Grade K-1 2-3 | <u>Class Size</u> 20 20 | |
| 4-5 | 26 | |
| Middle School High School Alternative School Grades 7 - 12 Special Education Classroom, Self-Contained | 160 students per teacher160 students per teacher18 students per teacher6 students per teacher | |
| English Language Learners (ELL) | 20 students for 1 full-time ELL teacher | |
| 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: | 、 , | |
| The District office shall notify the parent/guardian application has been submitted. In the event the applic of the denial will be provided to the parent/guardian. | n within sixty (60) days after the | |