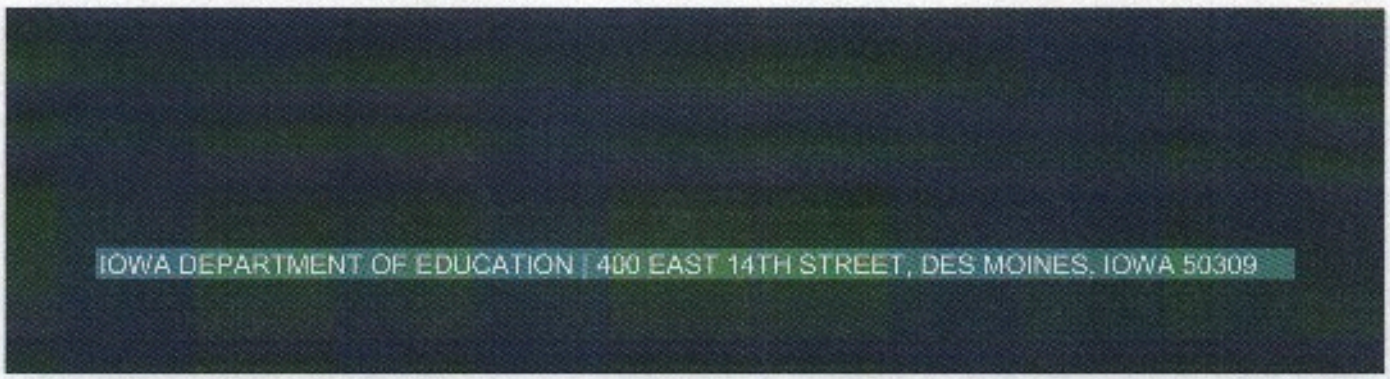
Iowa Open Enrollment Application Updated per Senate File 2435, Division VIII

SCHOOL YEAR 2024-2025 & 2025-2026



Application Instructions

School Year 2024-2025 & 2025-2026

Application Information and Deadlines

If a parent or guardian wishes to open enroll their child(ren), they must:

- Complete an application (available in any Iowa public school district's central office and on the Iowa Department of Education's [Department] website),
- Submit an application for each child in their family, and
- Send the application to both the resident and receiving school districts on or before the established deadline to be considered for approval (Iowa Code § 282.18(2), as amended Senate File 2435).*

Date	2024-2025 Deadline
Applications to Approved Online Schools	The deadline does not apply to parents/guardians applying for their student to attend a public school district with an approved online school by the Iowa Department of Education.
June 30, 2024	Any application filed on or before June 30, 2024 will not require good cause for waiving the March 1 deadline. The receiving district may accept open enrollment applications for the 2024-2025 school year **without approval from the resident school district.**
July 1, 2024	Senate File 2435 takes effect. Applications for students in grades 1-12 will be denied unless the parent or guardian is able to demonstrate good cause.
September 1, 2024	Last day a parent/guardian may apply to open enroll their incoming preschool student who receives special education services requiring specially designed instruction (SDI).
September 1, 2024	Last day a parent/guardian may apply to open enroll their incoming kindergarten student
September 2, 2024	Applications for incoming preschool students requiring SDI and kindergarten students will be denied unless the parent/guardian is able to demonstrate "good cause" under Iowa Code section 282.18.
March 1, 2025	Last day a parent/guardian may apply to open enroll their student in grades 1-12 for the upcoming school year.
March 2, 2025	Applications for students grades 1-12 will be denied unless the parent/guardian is able to demonstrate good cause.

*Please mail or fax copies of the form to your resident district and the district you are open enrolling to. For addresses or fax numbers for school districts, please visit the districts' websites.

Current Open Enrolled Students

If a current open enrolled student would like to open enroll to a new school district, the parent or guardian must:

- File a new application with:
  - The district the student is currently attending and open enrolled into (receiving district),
  - The resident district, and
  - The district the student wants to attend (alternate receiving district) by the March 1 (or September 1) deadline.
- Indicate on the application that the child is currently open enrolled and would like to open enroll to a new school district (see 10.e.).

The new district (alternate receiving district) will notify the parent or guardian, the resident district, and previous receiving district of acceptance or denial (Iowa Administrative Code rule 281—17.2(3)).

Application Sections

- **Parents and guardians** must complete pages 1-2 of the application.
- **Resident and receiving districts** must complete page 3.

Open Enrollment Application
2024-2025 & 2025-2026

***CAUTION**: Knowingly providing false information on this form will invalidate the application.*

To be completed by parent or guardian:

1. Full Legal Name of Student: _____
2. Date of Birth:_____ School Year: _____ Grade Level: _____ Gender: _____
3. Full Legal Name of Parent or Guardian: _____
4. Telephone Number(s) – Home Phone: _____ Cell Phone: _____
5. Residential Address – Street/P.O. Box: _____ City: _____

   Zip Code: _____ County: _____
6. Email Address: _____
7. Resident District: _____ Attendance Center (School Building): _____
8. District Requested: _____ Attendance Center (School Building):* _____

   **Request does not guarantee placement*
9. Is this application a request to continue in the former district of residence following a move to a new school district?
   - ☐ Yes Date of Move: _____
   - ☐ No
10. **Does the applicant have a sibling under open enrollment?**
    - ☐ Yes Sibling Name: _____ Open Enrolled District and School: _____
    - ☐ No
11. The student will be enrolled in the following (check all that apply):
    - ☐ Regular Education
    - ☐ Special Education
    - ☐ Home School (Competent Private Instruction)
    - ☐ Home School Assistance Program
    - ☐ Dual Enrollment: Academic
    - ☐ Dual Enrollment: Activity Program
    - ☐ Open Enrolling to Approved Online Program and Participating in Resident District Co-Curricular Activities
12. Is your child currently:
    a. Eligible to receive special education services? ☐ Yes ☐ No
    b. Being evaluated for special education services? ☐ Yes ☐ No
    c. Receiving English language learning services? ☐ Yes ☐ No
    d. Under suspension or expulsion from school? ☐ Yes ☐ No
       - If yes, date the suspension or expulsion will be complete: _____
    e. Open enrolled (attending a school district that the student does not live in)? ☐ Yes ☐ No
13. Will you request transportation assistance? ☐ Yes ☐ No
    - If yes, attach the following to the application being sent to the resident district:
      - Proof of income and
      - Number in persons in the household.

QUESTION 14 SHOULD BE COMPLETED ONLY IF THE APPLICATION IS BEING FILED AFTER MARCH 1 FOR GRADES 1-12.

14. Check circumstance(s) that apply to the student. List date of change or provide information when pertinent:

Circumstance(s)	Date/Required Information
☐ Change in resident district due to: family move or change in state	Date of change: _____
☐ Change in student's residence due to: • Change in residence from one parent or guardian to another, • Change in the marital status of the student's parents that results in a change in resident district, • Change in guardianship or custody proceeding, • Placement of the child in foster care, or • Adoption	Date of change: _____
☐ Participation in foreign exchange program	Date of participation: _____
☐ Participation in a substance abuse or mental health treatment program that results in a change of residence	Date of participation: _____
☐ Initial placement of preschool student in special education	Date of individualized educational program (IEP): _____
☐ Failure of negotiations for reorganization or whole grade sharing	Date of failure: _____
☐ Loss of accreditation or revocation of a nonpublic or charter school contract	Date of loss or revocation: _____
☐ Pervasive harassment or a severe health condition	Full name of district employee familiar with the student and their situation: _____ Brief description the events occurring after March 1: _____ _____ _____ _____

I certify the information I have provided is true, and I have sent a copy of this form to my resident district and to the district I wish for my child to attend.

_____ _____

Signature of Parent or Guardian Date Signed

To be completed by the receiving district:

The receiving district has the authority to act on all applications (before or after deadline) except for those applicants alleging repeated harassment or a severe health need that cannot be accommodated in the resident district.

☐ Child has an IEP.

- If yes, date of consultation with the resident district and area education agency: _____

Date application was received: _____ **The application is (select one):** ☐ Approved ☐ Denied

Approved:	Denied:
Receiving District Superintendent Signature	Receiving District Superintendent Signature
Date Signed	Date of Receiving District School Board Action **Indicate reason for denial (select one):** ☐ Application filed late with no good cause. ☐ Insufficient classroom space. ☐ Student under suspension or expulsion. ☐ Appropriate special education program not available.

To be completed by the resident district:

The resident district is acting on this application for the following reason(s):

☐ **Student alleges pervasive harassment that began or escalated after deadline.**
☐ Student has a severe health condition that began or escalated after deadline.
☐ Application filed late with no good cause.

Date application was received: _____ **The application is:** ☐ Approved ☐ Denied

Approved:	Denied:
Resident District Superintendent Signature	Resident District Superintendent Signature
Date Signed	Date of Resident District School Board Action **Indicate reason for denial (select one):** ☐ Doesn't meet severe health condition criteria. ☐ Doesn't meet pervasive harassment criteria. ☐ Application filed late with no good cause.