

Emmett Independent School District #221

STUDENTS Policy: 3010F

EMMETT INDEPENDENT SCHOOL DISTRICT OPEN ENROLLMENT APPLICATION

Date/Time Received (for office staff) _____

For School Year 2026 - 2027

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

Emmett Independent School District

Out-of-District Application

In-District Transfer Application

Name of Proposed Receiving School Virtual Prep Academy of Idaho

(Some specialized programs are only offered in a limited number of schools, e.g. special education, English Language Learner, etc. Contact Emmett Independent School District at 208 365 6301 for further information.)

1. Applicant Student's Name _____

Date of Birth: _____

2. School student is presently attending, or would attend if student were in a public school.

Name of School: _____

Address of School: _____

Present grade level of student: _____

3. Has the student ever been suspended or expelled from school or has the student committed a disciplinary violation for which they could be suspended or expelled? Yes No

4. Has the student had a history of disciplinary infractions? Yes No

If YES, describe the circumstances (including dates and duration):

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

6. 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.):

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

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

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

10.

Parent/Guardian's Name: _____

Parent/Guardian's Address: _____

Home/Cell Phone# _____

Work Phone# _____

Message Phone # _____

Other phone# _____

I have read the school district procedure on open enrollment, and hereby request that my son/daughter be permitted to attend **Virtual Prep Academy of Idaho**

Parent/Guardian Signature: _____

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(Office Use Only)

Misrepresentation of information on this application may result in revocation of the applicant's approval to attend a Emmett Independent School District school.

() Approved () Disapproved

Date _____

Superintendent's or Designee's Signature: _____

Within 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.

PRINCIPAL SIGNATURES

In-District

Transfer: _____ **(Home School)**

_____ **(Receiving School)**

Out-of-District

Transfer: _____ **(Receiving School)**

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