

Cottonwood Joint School District No. 242

STUDENTS

3010F

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 the State Superintendent of Public Instruction.

NOTE: For out-of-district applicants, a copy of the applicant student's cumulative record may be attached to this application. The cumulative record may be obtained from the student's current school. If cumulative file is not attached it will be requested before open enrollment is accepted.

() Out-of-District Application Name of District: _____
() In-District Transfer Application

Name of Proposed Receiving School _____

(Some specialized programs are only offered in a limited number of schools, e.g. special education, English Language Learner, etc. Contact the Cottonwood Joint School District Services Center _____ 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 he or she 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 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 Proposed Receiving School)

Parent/guardian's Signature: _____

Misrepresentation of information on this application may result in revocation of the applicant's approval to attend a Cottonwood Joint 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)**