

2020-2021 School Year Iowa Open Enrollment Application

***Iowa Law requires an application for each child in a family requesting open enrollment to be sent to both to the resident and receiving districts on/or before deadline in order to be considered for approval.*Iowa Code 282.18(2)**

Deadlines: March 2, 2020: Grades 1-12

September 1, 2020: Kindergarten and Preschool special education

1. Full Legal Name of Student: _____
2. Date of Birth: ____/____/____
3. Grade for 2020-2021: _____
4. Gender: Female or Male
5. Parent/Guardian _____
6. Telephone (Helpful to have more than one): _____
7. Resident Address Street/Box, City, Zip, County: _____
8. Email Address _____
9. Resident District _____ Attendance Center _____
10. District Requested _____ Attendance Center* _____
*Request does not guarantee placement
11. Is this application a request to continue education in the former district of residence following a move to a new district? Yes or **No**
12. Please indicate if the applicant has a sibling currently under open enrollment.
Sibling Name: _____ District/School open enrolled _____
13. The student will be enrolled in the following (check all that apply):
Regular Education Special Education _____
Home School (CPI) _____ Home School Assistance Program _____
Dual Enrollment–Academic _____ Dual Enrollment–Activity Program _____
Open enrolling to an approved online program and participating in cocurricular activities in resident district _____
14. Is your child currently eligible for receiving special education services? Yes or **No**
15. Is your child currently being evaluated for special education services? Yes or **No**
16. Is your child currently receiving English Language Learning services? Yes or **No**
17. Is the student currently under suspension or expulsion from school? Yes or **No**
If yes, when will the suspension / expulsion be complete? _____
18. **This section should be completed IF the application is being filed after March 2 for grades 1-12. List date of change.**
 - a) Change in district of residence due to: family move, change in _____
Marital status, foster care, adoption, or treatment program
 - b) Participation in foreign exchange program _____

- c) Failure of negotiations for reorganization or whole grade sharing _____
- d) Loss of accreditation or revocation of a private or charter school _____

19. Is the application being filed due to pervasive harassment or severe health? Yes or No
If yes, briefly describe events occurring after March 1 and provide the name of a district employee familiar with the student on a separate sheet.

20. Will you request transportation assistance? Yes or No
If yes, attach proof of income and number in household to the application sent to the resident district.

I certify the above information is true and I have sent a copy of this form to my resident district and to the district I want my child to attend.

Signature of Parent or Guardian and Date Signed

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

Receiving District

The receiving district has the authority to take action on all applications (before or after deadline) except:

- a) Those **alleging harassment** or **severe health need condition** that cannot be accommodated in resident district.
- b) Resident district has a **diversity plan**.

Date application was received: _____

If the child has an IEP date of consultation with the resident district and AEA _____

Approved: _____
Signature of Superintendent and Date Signed

Denied: _____
Date of School Board Action and Signature of Superintendent

If denied, indicate reason:

- _____ Request was not filed by March 1 and does not meet good cause.
- _____ Insufficient classroom space.
- _____ Student under suspension or expulsion.
- _____ Appropriate special education program is not available.

Resident District

Resident district is taking action on this application because of the following:

- _____ Resident district has a diversity plan on file with Department of Education.
- _____ 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: _____

Approved: _____
Signature of Superintendent and Date Signed

Denied: _____
Date of School Board Action and Signature of Superintendent

If denied, indicate reason:

- _____ Does not meet diversity plan criteria.
- _____ Does not meet criteria for severe health condition.
- _____ Does not meet criteria for pervasive harassment.
- _____ Application filed late.