OPEN ENROLLMENT APPLICATION

For School Year 20 20 Grade This application form was prepared pursuant to Section 33-1402, Idaho Code, and may be used by any schodistrict. Any other form must be approved by the State Superintendent of Public Instruction.			
	() Out-of-District Application () In-District Transfer Application		
Nan	ne of Proposed Receiving School		
Sch	ool District Name		
1.	Applicant Student's Name		
	Date of Birth		
2.	School Student is Presently Attending:		
	Name of School		
	Address of School		
	Present Grade Level of Student		
	Current GPA of student (<u>copy of most recent transcript or report card must be attached)</u>		
3.	Has the student ever been suspended or expelled from school? Yes No		
	If YES, describe the circumstances (including dates and duration).		
4.	4. Reason(s) for requesting attendance in this school (optional).		
5.	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.)		

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6.7.	Special and/or unique instructional programs in which the applicant student expects to enroll during the next school year. Transportation arrangements that will be made by the parent/guardian.		
	Parent/Guardian's Address		
	Home Phone	Work Phone	
	Cell Phone		
		(Name of proposed receiving school)	
raici	III/Guardian s Signature.		
()	Approved () Disapproved	d Date:	
Supe	erintendent's Signature		
Princ	•	application, copies must be sent to: Parents, Building ents, the superintendent of the home district. If the n for the denial must be attached.	