

Idaho Falls School District 91
ELEMENTARY OPEN ENROLLMENT APPLICATION

School Year 20____ - 20____

Grade _____

NOTE TO 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.

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. (i.e. special education, English Language Learner, etc.) Please contact Idaho Falls School District 91, 208-525-7500, for further information.

1 - Applicant Student's Name: _____
Date of Birth: _____

2 - School student is zoned to attend:
Name of School: _____
Address of School: _____
Present Grade Level of Student: _____

3 - Reasons(s) for requesting attendance in this school.

4 - Special and/or unique instructional programs in which the applicant student is currently enrolled. (i.e. special education, gifted/talented, etc.)

5 - Special and/or unique instructional programs in which the applicant student expects to enroll in this school.

6 - Has the student ever been suspended or expelled from school? Yes _____ No _____
IF YES, describe the circumstances (including dates and duration).

7 - Has the student had a history of disciplinary infractions within the past 3 years?
Yes _____ No _____
If YES, describe the circumstances (including dates and duration).

- 8 - Transportation arrangements that will be made by the parent/guardian: _____
- 9 - Parent/Guardian Name: _____
 Parent/Guardian Address: _____
 Zip Code: _____
 Home Phone: _____ Cell Phone: _____
 Message Phone: _____ Work Phone: _____

I have read the school district policy on open enrollment and hereby request that my son/daughter be permitted to attend _____.
 (Name of proposed receiving school)

 Parent/Guardian Signature

Misrepresentation of information on this application may result in revocation of the applicant's approval to attend an Idaho Falls District 91 school.

() Approved () Disapproved Date: _____
 () Discipline () Capacity Overload () Other _____

Superintendent or Designee 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 (Zoned School): _____
- In-District Transfer (Receiving School): _____
- Out-of-District Transfer: _____

Idaho Falls School District 91 does not discriminate or deny services on the basis of age, race, religion, color, national origin, gender, and/or disability.