

2019-2020 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 1, 2019: Grades 1-12

September 2, 2019: Kindergarten and Preschool special education

1. Full Legal Name of Student: _____
2. Date of Birth: ____/____/____
3. Grade for 2019-2020: _____
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 **SOUTH CENTRAL CALHOUN CSD** 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 1 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 March 1) 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 March 1.
- _____ Student has a severe health condition that began or escalated after March 1.
- _____ 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.