

OPEN ENROLLMENT

514

The District will participate in the enrollments option program described in Section 33-1402, Idaho Code, while taking into consideration the following conditions:

- A. That such actual student enrollment will not cause the Grade Level Class Ratios of the District to exceed:

18:1	Grades K-3
20:1	Grades 4-6
22:1	Grades 7-12
6:1	Special Education

- B. That a Grade Level priority waiting list will determine the order in which non-resident students will be admitted to the District.
- C. A pupil who applies and is accepted as a non-resident student in the district, but fails to attend the district, shall be ineligible to again apply for an enrollment option in the district.
- D. The district shall not take any action to prohibit or prevent application by resident pupils to attend school in another school district.
- E. A pupil under suspension or expulsion shall be ineligible for the provisions of this section.
- F. All applications must be made by February 1 for the next school year.

DATE ADOPTED 1-21-91

REVISED 3-15-96

Revised/Adopted: 8/20/07



Mountain View School District #244
OPEN ENROLLMENT APPLICATION

For School Year 20_____ - 20_____	
<p>This application form (approved March 2000) was prepared pursuant to Section 33-1402, Idaho Code, and may be used by any school district. Any other form must be approved by the State Superintendent of Public Instruction.</p> <p>NOTE: For out-of-district applicants, a copy of the applicant student's cumulative record must be attached to this application.</p>	
<input type="checkbox"/> Out-of-District Application	<input type="checkbox"/> In-District Transfer Application

Name of Proposed Receiving School _____

School District Name _____

1. Applicant Student's Name _____

Date of Birth _____ Grade Level _____

2. School Student is Presently Attending:

Name of School _____

Address of School _____

3. Has the student ever been suspended or expelled from school? Yes ___ No ___

If YES, describe the circumstances (including dates and duration). _____

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. Special and/or unique instructional programs in which the applicant student expects to enroll during the next school year. _____

7. Transportation arrangements that will be made by the parent/guardian.

8. Parent/Guardian's Name _____
Parent/Guardian's Address _____

Home Phone _____ Work 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's Signature: _____

Approved Disapproved

Signature _____ Date: _____
Superintendent

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.