

Open Enrollment Application
Date/Time Received

Date: _____
 Requested School: _____ Zoned School: _____
 Current School _____

| Student Information | |
|---|--|
| Student Name | School year for request: |
| Last First | |
| Grade | Date of Birth |
| Street Address | City Zip Code |
| Parent/Legal Guardian Name | Home Phone |
| Parent/Legal Guardian Email | Cell Phone |

Reason for student transfer: _____

Is your student on an IEP? YES ____ NO ____
 Has your student had a history of attendance infractions within the past three years? YES ____ NO ____
 Has your student had a history of disciplinary infractions within the past three years? YES ____ NO ____
 Are the attendance/disciplinary infractions related to a disability? YES ____ NO ____

Please explain attendance and/or disciplinary infractions: _____

Will your student participate in IHSAA sanctioned activities? YES ____ NO ____
 If yes, which sport/activities: _____

Considerations:

- Priority will be given to open enrollment applications of students living within the district.
- If the student participates in any athletic program governed by IHSAA, he/she may not be eligible to participate at the new school. The parent or guardian should check [IHSAA rules](#) before submitting an application.
- The transfer request is not complete until the resident school has released the student, submitted the request to the requested school and it has been accepted. The student should remain enrolled in the resident school until there is an effective start date at the requested school.
- The district will notify parents of acceptance and the effective start date or denial.

- Transportation of open-enrolled students is the responsibility of the parent/guardian.

Decision-Making Criteria, Revocation, and Appeals:

Space Availability

All applications will be considered on a space-available basis. The district will use their maximum enrollment to determine the space availability according to the state law and district policy.

When there is a transition from one school to another, such as elementary school to middle/junior high school, a new application is required due to different capacity limits.

Attendance and Disciplinary Infractions

Open enrolled students are expected to follow all discipline and attendance policies and regulations applicable to all Kamiah Joint School District students. Failure to meet these conditions may result in revocation of this Open Enrollment transfer and return to his/her resident school.

Appeals

Appeals of an administrator’s denial or revocation of open enrollment for students wanting to attend Kamiah Joint School District will be directed to the district’s Board of Trustees for administrative review. The appeals process will follow the district’s policy and process for appeals and must be aligned to Idaho Code 33-1410.

Acknowledgements:

- I certify the information provided is accurate and complete.
- I understand the approval of this request shall be dependent upon the acceptance and rejection standards stated in the district’s policy, and revocation of this transfer may occur in accordance to the conditions listed in the district’s policy. This includes over-enrollment within the first two years of the transfer.
- I understand my student must continue to attend the resident school until the effective start date of the transfer and that nonattendance is subject to truancy procedures.
- I understand I am responsible for providing transportation to and from school for my student.
- I understand the transfer can be revoked at any time if there are attendance or discipline issues.
- I understand I must complete the Intent for Re-enrollment each year in order to continue to attend the school.
- I have requested the transfer of my student’s records from [redacted] district to [redacted] district.

I have read the school district policies and procedures on Open Enrollment and hereby request that my son/daughter be permitted to attend the request schools.

Parent/Legal Guardian Signature _____ Date _____

Student Signature (6-12 only) _____ Date _____

For District/School Use Only

Date application received by the district:

Receiving Administrator's Comments:

Receiving Administrator's Signature and Date:

Transfer request: Approved _____ Denied _____ Reason for denial: _____

Date of Parent Notification: