

OPEN ENROLLMENT APPLICATION

For School Year _____

Grade Entering _____

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.

NOTE: For first time out-of-district applicants, a copy of the applicant student's cumulative record must be attached to this application.

Out-of-District Application

In-District Transfer Application

School District Name: MOSCOW SCHOOL DISTRICT 281

Name of Proposed Receiving School _____

Elementary Schools: Lena Whitmore: K-5, McDonald: K-5, Russell: 3-5, West Park: K-2 (The District reserves the right to place students at an elementary school other than their first choice to balance class sizes.)

Moscow Middle School: Grades 6-8, Moscow High School: Grades 9-12

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 _____

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. _____

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. (Please check one)

- Parent will transport to and from school.
- Parent will transport to the nearest bus stop if more than 1.5 miles.

8. Parent/Guardian’s Name(s) _____

Parent/Guardian’s Home Address _____

Mailing Address, if different than home address: _____

City, State, Zip Code _____

Home Phone _____ Message Phone _____

Mother’s Cell Phone _____ Mother’s Work Phone _____

Father’s Cell Phone _____ Father’s 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
- Denied Reason(s) for Denial: _____

Superintendent’s Signature _____ Date: _____

Within 60 days following action on the application, unless otherwise noted, 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 will be noted above.