



West Ada

SCHOOL DISTRICT

OPEN ENROLLMENT APPLICATION

For School Year **2019-2020**

Grade _____ (in 2019-2020)

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 student's accumulative record must be attached to this application to be processed for the upcoming year. Incomplete applications will not be processed.

Out-of-District Transfer Application

Name of Proposed Receiving School _____

School District Name _____

1. Applicant Student's Name _____
Date of Birth _____

2. School District Student is Presently Attending:
Name of School _____
School Address _____

Present Grade Level _____

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)

_____ **Over**

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.) Yes No If yes, please explain:

6. Special and/or unique instructional programs that the applicant student expects to enroll in during the next school year.
Yes No If yes, please explain

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

8. Parent/Guardian's Name _____
Parent/Guardian's Complete Address _____
Home Phone _____ Work Phone _____
Message Phone _____ Work Phone _____
E-Mail Address _____

I have read the school district policy on open enrollment, and hereby request that my son/daughter be permitted to attend

(Name of receiving school)

Parent/Guardian Signature

Please return completed form and documentation to:
West Ada School District
1303 E. Central Dr. Meridian, ID 83642
Fax: 208-350-5299 email: openenroll@westada.org

() Approved () Disapproved Date: _____

Director's 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.