

OPEN ENROLLMENT APPLICATION
DATE/TIME RECEIVED: _____

For School Year 20____ - 20____
Grade _____

This application form (approved January 2021) was prepared pursuant to Section 33-1402, Idaho Code, and may be used by any school district. Any other form must be approved the State Superintendent of Public Instruction.

Note: For out-of-district applicants, a copy of the applicant student's cumulative record must be attached to this application. The cumulative record may be obtained from the student's current school.

Out-of-District Application In-District Transfer Application

Name of Proposed Receiving School: _____
(Some specialized programs are only offered in a limited number of schools, e.g. special education, English Language Learner, etc. Contact Middleton School District Office for further information.)

1. Applicant Student's Name: _____

Date of Birth: _____

2. School student is presently attending, or would attend if student were in a public school.

Name of School: _____

Address of School: _____

Present Grade Level of Student: _____

3. Has the student ever been suspended or expelled from school or has the student committed a disciplinary violation for which he or she could be suspended or expelled? () Yes () No

4. Has the student had a history of disciplinary infractions? () Yes () No

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

5. Reason(s) for requesting attendance in this school (optional): _____

6. Special and/or unique instructional programs in which the applicant student is currently enrolled. (e.g. vocational, foreign language, remedial, special education, gifted/talented, etc.)

7. Special and/or unique instructional programs in which the applicant student expects to enroll in at the new school: _____

8. Extracurricular activities in which the applicant wishes to participate: _____

9. Transportation arrangements that will be made by the parent/guardian: _____

10. Parent/Guardian's Name: _____

Parent/Guardian's Address: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Work Phone: _____

I have read the school district procedure on open-enrollment, and hereby request that my son/daughter be permitted to attend _____
(Name of Proposed Receiving School)

Parent/Guardian Signature: _____

Misrepresentation of information on this application may result in revocation of the applicant's approval to attend a Middleton School District school.

Principal Signatures

() In-District Transfer

Home School Principal Signature: _____

Receiving School Principal Signature: _____

() Out-of-District Transfer

Receiving School Principal Signature: _____

District Use Only

() Approved () Disapproved Date: _____

Superintendent's or Designee'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.