

**Shoshone Joint School District No. 312**

**STUDENTS**

**3010F**

**OPEN ENROLLMENT APPLICATION**

DATE/TIME RECEIVED: \_\_\_\_\_

For School Year 20\_\_\_\_ - 20\_\_\_\_  
Grade \_\_\_\_\_

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 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 Name of District \_\_\_\_\_

( ) 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 \_\_\_\_\_ District Services Center \_\_\_\_\_ 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/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. (For example: 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. Extra-curricular 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 \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Message 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's Signature: \_\_\_\_\_

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

( ) Approved	( ) Disapproved	Date _____
Superintendent's or Designee's Signature _____		
<p>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.</p>		

**PRINCIPAL SIGNATURES**

\_\_\_\_\_ **In-District Transfer:** \_\_\_\_\_ **(Home School)**  
 \_\_\_\_\_ **(Receiving School)**  
 \_\_\_\_\_ **Out-of-District Transfer:** \_\_\_\_\_ **(Receiving School)**