Homedale Jt. School District No. 370

Owyhee and Canyon Counties

116 EAST OWYHEE AVE. • HOMEDALE, ID 83628-3227

Telephone: (208) 337-4611 Fax: (208) 337-4911

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 by the State Superintendent of Public Instruction. NOTE: For out-of-district applicants, a copy of the applicant student's cumulative record (including disciplinary records) must be attached to this application. *** PLEASE PRINT *** Name of Proposed Receiving School School District Name _____ HOMEDALE SCHOOL DISTRICT #370 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 Name and Number of Home School District 3. 4. Has the student ever been suspended or expelled from school or has the student committed a disciplinary violation of which he or she could be suspended or expelled? Yes ____ No ____ If YES, describe the circumstances (including dates and duration). 5. Has the student had a history of disciplinary infractions? Yes ____ No ____ 6. Reason(s) for requesting attendance in this school (optional).

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- 7. 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.)
- 8. Special and/or unique instructional programs in which the applicant student expects to enroll during the next school year. 9. Extracurricular activities in which the applicant wishes to participate: 10. Transportation arrangements that will be made by the parent/guardian. 11. Parent/Guardian's Name Parent/Guardian's Address Home Phone _____ Work Phone _____ Message Phone _____ 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: Misrepresentation of information on this application may result in revocation of the applicant's approval to attend Homedale School District #370 schools. () Approved () Disapproved Date: _____ Superintendent'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. Policy History: Adopted on: 09-08-14 (*Policy 8.02F1*) Revised on: (*Policy 3101F1*)