



Lake Pend Oreille School District #84

901 Triangle Drive, Ponderay, Idaho 83852
Main: (208) 263-2184 /Fax: (208) 263-5053
Website: www.lposd.org

OPEN ENROLLMENT APPLICATION

Procedures:

- Open Enrollment applicants will be considered when classroom space is available in the proposed receiving school and classrooms, schools, or the overall district will not be negatively impacted by approval of the application.
- Priority will be given to:
 - a) District employees' students
 - b) returning students to the receiving school who have met attendance and behavioral requirements and made academic progress
 - c) students with siblings at proposed receiving school or at a school within the District
 - d) students whose enrollment would not negatively impact the efficient use of the District resources.
- Parents/guardians will receive notification of approval or denial of the Open Enrollment application by Friday of the first week of school in the fall. Notification will be attempted by phone/voicemail and through written notification by email.
- Open Enrollment applications will be denied if false or misleading information is provided in the application, the applicant has violated his/her Open Enrollment Contract, or classrooms, schools, or the overall district or the efficient use of its resources would be negatively impacted by approval of the application.
- Transfer students may be removed from the receiving school at any time because of unacceptable behavior, false or misleading information on the Open Enrollment Application, lack of academic progress, or poor attendance. The Principal or designee shall inform and meet with the parent/guardian and student regarding behavior that jeopardizes the student's status at the receiving school. If improvements are not noted, the student's Open Enrollment will be revoked with written notification to parents/guardians.
- If a student's Open Enrollment transfer is revoked, the parent/guardian may request an administrative review by the Superintendent. The Board may review the Superintendent's decision.

DATE _____ TIME _____ RECEIVED:

For School Year 20____ - 20____
Grade_____

Name of Resident District_____

NOTE: Out-of-zone and out-of-district applications need to be submitted each year.

Out of District Application In District Transfer Application **1. Name of Proposed Receiving**

School_____ (Some specialized programs are only offered in a limited number of schools. Contact the LPOSD district office at 263-2184 for further information.)

Applicant Student's Name_____

Date of Birth_____

2. Assigned School

Name of School _____

Address of School _____

Present Grade Level of Student _____

3. Reason(s) for requesting attendance in this school:

Proximity to Parent Work Proximity to Home Educational Program Friends Attend Extra-Curricular Program Know Teacher or Staff Unhappy at Previous School Boundary Changes Other - Explain _____

4. 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.):

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

6. Extra-curricular activities in which the applicant wishes to participate: _____

7. Has the student ever been suspended or expelled from school? Yes _____ No _____

8. Has the student had a history of disciplinary infractions within the past 3 years? Yes _____ No _____

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

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

10. Parent/Guardian Information:

Name _____

Mailing Address _____ City _____ Zip Code _____

Physical Address _____ City _____ Zip Code _____

Phone Contacts: Home _____ Cell _____ Work _____

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). I also understand that my child and I will be required to sign a contract upon enrolling, if this application is approved.

The district reserves the right to remove a transfer student at any time because of unacceptable behavior, false or misleading information on the open enrollment application, lack of academic progress, or poor attendance.

Parent/Guardian's Signature _____ **Date** _____

Principal Signatures

Approve Deny Transfer _____ (Receiving School) Date _____

Superintendent or Designee's Signature

Approve Deny _____ Date _____

Within 60 days following action on the application, notification must be sent to Parents, Building Principals and Superintendent of the out-of-district applicant's school district.

Reason for denial: _____

This application form, was prepared pursuant to Section 33-1402, Idaho Code and is for use by the Lake Pend Oreille School District.

OPEN ENROLLMENT CONTRACT

This Open Enrollment Contract documents an agreement between _____,
Student

_____ and _____ in accordance with
Parent/Guardian Receiving School

Lake Pend Oreille School District Open Enrollment Policies and Procedures, which states the following:

Revocation of a Transfer: The District reserves the right to remove a transfer student at any time because of unacceptable behavior, false or misleading information on the Open Enrollment Application, lack of academic progress, or poor attendance.

The Superintendent, Principal or designee shall inform the parent/guardian of behavior that jeopardizes the student's status at the transfer school.

_____ will be allowed to attend _____
Student Name School Name

based on the following expectations:

- Follow attendance and discipline policies as outlined in the Lake Pend Oreille School District Policy Manual and/or the school student handbook.
- Receive no major disciplinary violations as outlined in the Lake Pend Oreille School District Policy Manual
- Make progress toward positive academic achievement

Any violations of these expectations will require specific documentation from the principal or designee at time of administrative review.

As an open enrolled student, I understand if I do not fulfill this contract, I may be required to return to my home school. **This Open Enrollment Contract is in effect for the duration of my enrollment at this school.**

Student Signature

Parent Signature

Date

Original Contract and Open Enrollment Application will be kept on file at the District Administration Office