

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 <u>(including disciplinary records)</u> 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 _____

3. Name and Number of Home School District _____

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 ___

~~5.6.~~ Reason(s) for requesting attendance in this school (optional). _____

~~6.7.~~ 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.) _____

~~7.8.~~ 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:

~~8.10.~~ Transportation arrangements that will be made by the parent/guardian.

~~9.11.~~ 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)