

Date Received

Kimberly School District #414

Open Enrollment Application

Today's Date	Current School Year	Requested School Year
Zoned School	Current School	Requested School
Type of Request: <input type="checkbox"/> In-District (live in KSD) <input type="checkbox"/> Out-of-District (live outside KSD boundaries)		

Student Last Name	Student First Name	Grade
Current Street Address	City/Zip	Date of Birth
Parent/Legal Guardian Name	Home Phone	
Parent/Legal Guardian Email	Cell Phone	
Student is currently living with <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian		
Is student's parent/legal guardian a KSD employee? <input type="checkbox"/> Yes <input type="checkbox"/> No Which Department?		

Reason for student Transfer:

Is your student on an IEP? YES NO Is your student on a 504 Plan? YES NO
 Has your student had a history of attendance infractions within the past three years? YES NO
 Has your student had a history of disciplinary infractions within the past three years? YES NO

Please explain attendance and/or disciplinary infractions:

Will your student participate in IHSAA sanctioned activities? YES NO

If yes, which sport/activities:

Considerations:

- If the student participates in any athletic program governed by IHSAA, he/she may not be eligible to participate at the new school. The parent or guardian should check [IHSAA rules](#) before submitting an application.
- The transfer request is not complete until the resident school has released the student, submitted the request to the requested school and it has been accepted. The student should remain enrolled in the resident school until there is an effective start date at the requested school.
- The district will notify parents of acceptance and the effective start date or denial.
- Transportation of open-enrolled students is the responsibility of the parent/guardian.

Decision-Making Criteria, Revocation, and Appeals:

Space Availability

All applications will be considered on a stringent space-available basis. In the event there is not space available in the grade level, class or program requested, the student will be placed on a waiting list in the order of the date and time of the request.

Attendance and Disciplinary Infractions

Open enrolled students are expected to follow all discipline and attendance policies and regulations applicable to all Kimberly School District students. Failure to meet these conditions may result in revocation of this Open Enrollment transfer and return to his/her resident school.

Appeals

Appeals of an administrator's denial or revocation of open enrollment for students residing within the Kimberly School District boundary will be directed to: **Luke Schroeder, Superintendent**, except for denials based on space availability, in which case the administrator's decision is final.

Acknowledgements:

- I certify that the information provided is accurate and complete.
- I understand that approval of this request shall be dependent upon the acceptance and rejection standards stated in the district's policy, and revocation of this transfer may occur in accordance with the conditions listed in the district's policy.
- I understand that my student must continue to attend the resident school until the effective start date of the transfer and that nonattendance is subject to truancy procedures.
- I understand that I am responsible for providing transportation to and from school for my student.
- I understand that requests are approved for one school year only, and it is my responsibility to complete an Open Enrollment Continuation Form each year until my student moves to the next school level.
- I understand that the transfer can be revoked at any time if there are attendance or discipline issues or if there is no longer space within the grade level, class, or program.

I have read the school district policies and procedures on Open Enrollment and hereby request that my son/daughter be permitted to attend the request schools.

Parent/Legal Guardian Signature _____ Date _____

Student Signature (6-12 only) _____ Date _____

For District/School Use Only	
Sending Administrator's Comments:	
Sending Administrator's Signature and Date:	
Receiving Administrator's Comments:	
Receiving Administrator's Signature and Date:	
Transfer request: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	Reason for denial:
Date of Parent Notification	<input type="checkbox"/> Letter <input type="checkbox"/> Phone Call <input type="checkbox"/> In-person
If start date, is not the first day of the school year, what is the start date?	