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## 2021-2022 School Year Iowa Open Enrollment Application

\*Iowa Law requires an application for each child in a family. Applications for open enrollment must be sent to the resident and receiving districts on/or before deadline in order to be considered for approval. \*Iowa Code 282.18(2)

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**Deadlines: March 1, 2021: Grades 1-12**

**September 1, 2021: Kindergarten and Preschool Special Education**

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\*If a current open enrolled student would like to open enroll to a new school district, the parent/guardian files this application with the district the student is currently attending (receiving district) and the district the student wants to attend (alternate receiving district). Parents/guardians should write on the application the child is currently open enrolled and would like to open enroll to a new school district. The new district (alternate receiving district) will notify the parent/guardian, original district of residence, and previous receiving district of acceptance or denial. The application deadline is March 1. 281-IAC 17.8(4)

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### To be completed by parent or guardian:

1. Full Legal Name of Student: \_\_\_\_\_
2. Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_
3. Grade for 2021-2022: \_\_\_\_\_
4. Gender: Female or Male
5. Parent/Guardian: \_\_\_\_\_
6. Telephone Number(s) Home: \_\_\_\_\_ Cell: \_\_\_\_\_
7. Resident Address Street/Box, City, Zip, County: \_\_\_\_\_
8. Email Address: \_\_\_\_\_
9. Resident District: \_\_\_\_\_ Attendance Center: \_\_\_\_\_
10. District Requested: \_\_\_\_\_ Attendance Center\*: \_\_\_\_\_  
**\*Request does not guarantee placement**
11. Is this application a request to continue education in the former district of residence following a move to a new district? Yes or No
12. Please indicate if the applicant has a sibling currently under open enrollment.  
Sibling Name: \_\_\_\_\_ District/School open enrolled \_\_\_\_\_
13. The student will be enrolled in the following (check all that apply):
  - Regular Education: \_\_\_\_ Special Education: \_\_\_\_
  - Home School (CPI): \_\_\_\_ Home School Assistance Program: \_\_\_\_
  - Dual Enrollment–Academic: \_\_\_\_ Dual Enrollment–Activity Program: \_\_\_\_
  - Open enrolling to an approved online program and participating in cocurricular activities in resident district: \_\_\_\_
14. Is your child currently eligible for receiving special education services? \_\_\_ Yes or \_\_\_ No
15. Is your child currently being evaluated for special education services? \_\_\_ Yes or \_\_\_ No
16. Is your child currently receiving English Language Learning services? \_\_\_ Yes or \_\_\_ No
17. Is the student currently under suspension or expulsion from school? \_\_\_ Yes or \_\_\_ No  
*\*If yes, date the suspension/ expulsion will be complete: \_\_\_\_\_*
18. **This section should be completed IF the application is being filed after March 1 for grades 1-12. List date of change.**
  - a) Change in district of residence due to: family move, change in marital status \_\_\_\_\_
  - b) Change in student's residence due to: guardianship or custody proceeding, placement of the child in foster care, or adoption \_\_\_\_\_
  - c) Participation in foreign exchange program \_\_\_\_\_
  - d) Failure of negotiations for reorganization or whole grade sharing \_\_\_\_\_
  - e) Loss of accreditation or revocation of a private or charter school \_\_\_\_\_

19. Is the application being filed due to pervasive harassment or severe health? \_\_\_Yes or \_\_\_No  
*\*If yes, briefly describe events occurring after March 1 and provide the name of a district employee familiar with the student on a separate sheet.*

20. Will you request transportation assistance? \_\_\_Yes or \_\_\_No  
*\*If yes, attach proof of income and number in household to the application sent to the resident district.*

**I certify the above information is true and I have sent a copy of this form to my resident district and to the district I want my child to attend.**

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Signature of Parent or Guardian and Date Signed

*\*CAUTION: Knowingly providing false information on this form will invalidate the application.\**

**\*Please mail or fax copies of the form to your resident school district and the district you are open enrolling. For addresses or fax numbers for school districts, please visit [2019-2020 Iowa Public School District Directory](#).**

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**\*To be completed by the Receiving School District**

### **Receiving District**

The receiving district has the authority to act on all applications (before or after deadline) except:

- a) Those **alleging harassment** or **severe health need condition** that cannot be accommodated in resident district.
- b) Resident district has a **diversity plan**.

**If the child has an IEP date of consultation with the resident district and AEA** \_\_\_\_\_

**Date application was received:** \_\_\_\_\_

**Approved:** \_\_\_\_\_

Signature of Superintendent and Date Signed

**Denied:** \_\_\_\_\_

Date of School Board Action and Signature of Superintendent

If denied, indicate reason:

- Request was not filed by March 1 and does not meet good cause.
  - Insufficient classroom space.
  - Student under suspension or expulsion.
  - Appropriate special education program is not available.
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### **Resident District**

Resident district is acting on this application because of the following:

- Resident district has a diversity plan on file with Department of Education.
- Student alleges pervasive harassment that began or escalated after deadline.
- Student has a severe health condition that began or escalated after deadline.
- Application filed late with no good cause.

**Date application was received:** \_\_\_\_\_

**Approved:** \_\_\_\_\_

Signature of Superintendent and Date Signed

**Denied:** \_\_\_\_\_

Date of School Board Action and Signature of Superintendent

If denied, indicate reason:

- Does not meet diversity plan criteria.
- Does not meet criteria for severe health condition.
- Does not meet criteria for pervasive harassment.
- Application filed late.