

2021-2022 School Year

Iowa Open Enrollment Application for Diversity Plan Districts

House File 228 allows for a parent or guardian to apply to open enroll a student for the 2021-2022 school year if the parent or guardian's resident district was subject to a voluntary diversity plan. **This application is only for residents of Davenport, Des Moines, Postville, Waterloo, and West Liberty seeking to open enroll their child to another school district.**

To be completed by parent or guardian:

1. Full Legal Name of Student: _____
2. Date of Birth: _____
3. Grade for 2021-22: _____
4. Gender: Select from dropdown
5. Parent/Guardian: _____
6. Telephone Number(s) Home: _____ Cell: _____
7. Residential Address Street/Box, City, Zip: _____ County: _____
8. Email Address: _____

9. Resident District: Select from dropdown

10. District Requested: _____ *Attendance Center (School Building): _____
*Request does not guarantee placement

11. The student will be enrolled in the following (check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Regular Education | <input type="checkbox"/> Special Education |
| <input type="checkbox"/> Home School (CPI) | <input type="checkbox"/> Home School Assistance Program |
| <input type="checkbox"/> Dual Enrollment–Academic | <input type="checkbox"/> Dual Enrollment–Activity Program |
| <input type="checkbox"/> Open Enrolling to Approved Online Program and Participating in Co-Curricular Activities in Resident District | |

12. Is your child currently eligible to receive special education services? Yes/No
13. Is your child currently being evaluated for special education services? Yes/No
14. Is your child currently receiving English Language Learning services? Yes/No
15. Is the student currently under suspension or expulsion from school? Yes/No
*If yes, date the suspension/expulsion will be complete: _____

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.

Signature of Parent or Guardian

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, visit your school district's website.**

To be completed by the receiving district:

Receiving District

Date application was received: _____

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

Check if the child has an IEP. Date of consultation with the resident district and AEA: _____

Approved:

Signature of Superintendent

Date Signed

Denied:

Signature of Superintendent

Date of School Board Action

If denied, indicate reason:

- Insufficient classroom space.
- Student under suspension or expulsion.
- Appropriate special education program is not available.

To be completed by the resident district:

Resident District

Date application was received: _____

Signature of Superintendent

Date Signed