



McCall-Donnelly School District

120 Idaho Street
McCall, ID 83638

(208)634-2161
Fax (208)634-4075

OPEN ENROLLMENT APPLICATION

DATE _____ TIME _____ RECEIVED:

For School Year 20____ - 20____
Grade_____

Name of Resident District _____

NOTE: For applicants not currently enrolled in the McCall-Donnelly School District, a copy of the applicant student's cumulative record must be attached to this application. The cumulative record which shall include report cards and disciplinary records, if any, consistent with Idaho Code section 33-209 (1) may be obtained from the student's current school.

Name of Proposed Receiving School _____

(Some specialized programs are only offered in a limited number of schools e.g., special education, English, Language Learner, etc. Contact the McCall-Donnelly School District 208-634-2161 for further information.)

1. **Applicant Student's Name** _____

Date of Birth _____ Male Female

2. **Currently attending open enrollment school** Yes No

3. **School student is presently attending**

Name of School _____

Address of School _____

Present Grade Level of Student _____

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

Sibling(s) Currently Attend Name(s): _____

Proximity to Parent Work Proximity to Home Educational Program Friends Attend

Extra-Curricular Program Know Teacher or Staff Unhappy at Previous School Boundary Changes

5. **Is the applicant student currently on an IEP, 504 Plan, an English Learner or identified as Gifted/Talented?**

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

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: email: _____

Name _____

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).

“The District reserves the right to remove an open enrolled student at any time because of unacceptable behavior, false or misleading information on the open enrollment application, lack of academic progress, poor attendance, issues with late drop-off and/or pick up time, or other circumstances which interfere with the learning environment as determined by the Superintendent or designee.”

Parent/Guardian’s Signature _____ Date _____

Principal Signatures

Approve Disapprove Transfer _____(Receiving School) Date _____

Reason for denial: _____

Superintendent or Designee’s Signature

Approve Disapprove _____ Date _____

