

# Iowa Open Enrollment Application

SCHOOL YEAR 2022-2023

# Application Instructions

School Year 2022-2023

## Application Information and Deadlines

If a parent or guardian wishes to open enroll their child(ren), they must:

- Complete an application (available in any Iowa public school district's central office and on the Iowa [Department of Education's \[Department\] website](#)),
- Submit an application for each child in their family, and
- Send the application to both the resident and receiving school districts on or before the established deadline to be considered for approval (Iowa Code § 282.18(2), as amended by 2021 Iowa Acts, House File [HF] 847).\*

Date	2022 2023 Deadline
September 1, 2022	Last day a parent/guardian may apply to open enroll their <u>incoming kindergarten student</u> .
September 1, 2022	Last day a parent/guardian may apply to open enroll their <u>incoming preschool student who receives special education services requiring specially designed instruction (SDI)</u> .
September 2, 2022	Applications for <u>incoming preschool students requiring SDI and kindergarteners</u> will be denied unless the parent/guardian is able to demonstrate "good cause" under <a href="#">Iowa Code section 282.18</a> .
March 1, 2022	Last day a parent/guardian may apply to open enroll their student in <u>grades 1-12</u> for the 2022-2023 school year.
March 2, 2022	Applications for <u>students grades 1-12</u> will be denied unless the parent/guardian is able to demonstrate good cause.

\*Please mail or fax copies of the form to your resident district and the district you are open enrolling to. For addresses or fax numbers for school districts, please visit the districts' websites.

## Current Open Enrolled Students

If a current open enrolled student would like to open enroll to a new school district, the parent or guardian must:

- File a new application with:
  - The district the student is currently attending and open enrolled into (receiving district),
  - The resident district, and
  - The district the student wants to attend (alternate receiving district) by the March 1 (or September 1) deadline.
- Indicate on the application that the child is currently open enrolled and would like to open enroll to a new school district (see 10.e.).

The new district (alternate receiving district) will notify the parent or guardian, the resident district, and previous receiving district of acceptance or denial (Iowa Administrative Code rule 281—17.8(4)).

## Application Sections

- Parents and guardians must complete pages 1-2 of the application.
- Resident and receiving districts must complete page 3.

# School Year 2022-2023 Open Enrollment Application

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

## To be completed by parent or guardian:

1. Full Legal Name of Student: \_\_\_\_\_

2. Date of Birth: \_\_\_\_\_ Grade for 2022-2023: \_\_\_\_\_ Gender: \_\_\_\_\_

3. Full Legal Name of Parent or Guardian: \_\_\_\_\_

4. Telephone Number(s) – Home: \_\_\_\_\_ Cell: \_\_\_\_\_

5. Residential Address – Street/P.O. Box: \_\_\_\_\_ City: \_\_\_\_\_  
Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

6. Email Address: \_\_\_\_\_

7. Resident District: \_\_\_\_\_ Attendance Center (School Building): \_\_\_\_\_

8. District Requested: \_\_\_\_\_ Attendance Center (School Building):\* \_\_\_\_\_

*\*Request does not guarantee placement*

9. 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 (Competent Private Instruction)   | <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 Resident District Co-Curricular Activities |   |

10. Is your child currently:

- Eligible to receive special education services?  Yes  No
- Being evaluated for special education services?  Yes  No
- Receiving English language learning services?  Yes  No
- Under suspension or expulsion from school?  Yes  No
  - If yes, date the suspension or expulsion will be complete: \_\_\_\_\_
- Open enrolled (attending a school district that the student does not live in)?  Yes  No

11. Will you request transportation assistance?  Yes  No

- If yes, attach the following to the application being sent to the resident district:
  - Proof of income and
  - Number in persons in the household.

**Question 12 should be completed only IF the application is being filed after March 1 for grades 1-12.**

12. Check circumstance(s) that apply to the student. List date of change or attach information when pertinent:	Date/Required Attachments
<input type="checkbox"/> Change in resident district due to: <ul style="list-style-type: none"> <li>• Family move or</li> <li>• Change in state</li> </ul>	Date of change: _____
<input type="checkbox"/> Change in student's residence due to: <ul style="list-style-type: none"> <li>• Change in residence from one parent/guardian to another,</li> <li>• Change in the marital status of the student's parents that results in a change in resident district,</li> <li>• Change in guardianship/custody proceeding,</li> <li>• Placement of the child in foster care, or</li> <li>• Adoption</li> </ul>	Date of change: _____
<input type="checkbox"/> Participation in foreign exchange program	Date of participation: _____
<input type="checkbox"/> Participation in a substance abuse or mental health treatment program that results in a change of residence	Date of participation: _____
<input type="checkbox"/> Initial placement of preschool student in special education	Date of individualized educational program (IEP): _____
<input type="checkbox"/> Failure of negotiations for reorganization or whole grade sharing	Date: _____
<input type="checkbox"/> Loss of accreditation or revocation of a private or charter school contract	Date: _____
<input type="checkbox"/> Child's school building is identified in need of significant need for improvement as defined by the Iowa School Performance Profiles or the federal Every Student Succeeds Act for two or more proceeding school years	
<input type="checkbox"/> Pervasive harassment or a severe health condition	Attach name of a district employee familiar with the student and a brief description the events occurring after March 1
<input type="checkbox"/> A consistent failure to reasonably respond to a student's failure to meet basic academic standards (Note: The State Board of Education will establish rules to implement this provision.	Attach the name of a district employee familiar with the student and a brief description the events occurring after March 1

**I certify the information I have provided is true, and I have sent a copy of this form to my resident district and to the district I wish for my child to attend.**

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date Signed

## To be completed by the receiving district:

Receiving District	
<p>The receiving district has the authority to act on all applications (before or after deadline) except for those applicants alleging <u>repeated harassment</u>, a <u>severe health need</u> that cannot be accommodated in the resident district, or that the <u>district has failed to reasonably respond to a student's failure</u> to meet basic academic needs.</p>	
<b>Date application was received:</b> _____	
<input type="checkbox"/> Child has an IEP. Date of consultation with the resident district and area education agency: _____	
<b>The application is (select one):</b>	
<input type="checkbox"/> <b>Approved:</b>	<input type="checkbox"/> <b>Denied:</b>
_____ Superintendent Signature	_____ Superintendent Signature
_____ Date Signed	_____ Date of School Board Action
	Indicate reason for denial: <input type="checkbox"/> Application filed late with no good cause. <input type="checkbox"/> Insufficient classroom space. <input type="checkbox"/> Student under suspension or expulsion. <input type="checkbox"/> Appropriate special education program is not available.

## To be completed by the resident district:

Resident District	
<b>Date application was received:</b> _____	
The resident district is acting on this application for the following reason(s):	
<input type="checkbox"/> Student alleges pervasive harassment that began or escalated after deadline.	
<input type="checkbox"/> Student has a severe health condition that began or escalated after deadline.	
<input type="checkbox"/> The resident district's consistent failure to reasonably respond to a student's failure to meet basic academic standards	
<input type="checkbox"/> Application filed late with no good cause.	
<b>The application is (select one):</b>	
<input type="checkbox"/> <b>Approved:</b>	<input type="checkbox"/> <b>Denied:</b>
_____ Superintendent Signature	_____ Superintendent Signature
_____ Date Signed	_____ Date of School Board Action
	Indicate reason for denial: <input type="checkbox"/> Doesn't meet severe health condition criteria. <input type="checkbox"/> Doesn't meet pervasive harassment criteria. <input type="checkbox"/> Doesn't meet failure to reasonably respond to a student's academic failure criteria <input type="checkbox"/> Application filed late with no good cause.