

## SOUTH DAKOTA OPEN ENROLLMENT APPLICATION

Parent / Guardian: complete Sections I, II, III & sign. For athletic eligibility, contact school official or SD High School Activities Association

I. Parent/Guardian Information				
Parent/Guardian Name (Last, First, M.I.)		Home Telephone ( ) -		
		ork Telephone ( ) x Number ( )	-	
Parent/Guardian Address:	Ci		Zip Code	
School district in which family resides:  II. Student Information				
Student Name (Last, First, M.I.) - List only one student per application Does this student have an IEP? ( ) Yes ( ) No				
If "ye. combi		yes," please note that transfer of special education student requires a special placement meeting, so allow ample time by submitting open colliment application as early as possible.		
School Currently Attending District Town		Current Grade Level	Grade Level Next Yr.	
List reason(s) for requesting open enrollment (OPTIONAL)		Are there any other children from this household/far applying for admission to this district? ( ) Yes		
Requested date for student to transfer			(month/day/year).	
III. School District Information				
Non-Resident (Admitting) School District to which student wants to transfer:	eferred school b	ferred school building, if space is available:		
allow student to return to resident district.  Signature of Parent/Guardian  Date				
Signature of Farent/Quardian Date				
IV. Date and Time Application I	Received By No	on-Resident District		
Date Application Received Time Application Received (Indicate AM or PM)		Received by: (Please sign)		
V. Non-Resident District Approval/Disapproval				
Following review of this application, with due consideration to the laws and rules applicable for the enrollment options program and the standards developed by this district, this application is hereby (check one):				
( ) APPROVED Within 5 days after action has been taken, the admitting district will send signed copies of this application to the resident district and the parent/guardian, The 3rd copy will be kept on file in the non-resident (admitting) district.  ( ) DISAPPROVED Within 5 days after action has been taken, the non-resident district, which did not approve this request for admittance, will send signed copies of this application to the resident district and the parent/guardian. The 3rd copy will be kept on file in the non-resident district. The application was disapproved for the following reason(s):				
Signature of School Board President or Designated School Official		Date		
Effective date of this application is		(mo	onth/day/year)	