

# Iowa Open Enrollment Application

2022-2023 & 2023-2024 School Years

IOWA DEPARTMENT OF EDUCATION | DES MOINES, IOWA | [EDUCATEIOWA.GOV](https://www.educateiowa.gov)

# Application Instructions

## Application Information

If a parent or guardian wishes to open enroll their child or children, 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 a copy of the application to both the resident and receiving school districts.

*Do not send your application to the Iowa Department of Education, as this could result in an untimely filed application.*

## 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; and
- Indicate on the application that 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 or guardian, the resident district, and the previous receiving district of acceptance or denial (281—IAC 17.8(4)).

## Application Sections

### Open Enrollment Application (Completed by Parent/Guardian)

Parents and guardians must complete page 1 of the application.

### Application Response (Completed by Receiving District)

Receiving districts must complete page 2.

### Application Receipt (Completed by Resident District)

Resident districts must complete page 2.

# Open Enrollment Application (Completed by Parent/Guardian)

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

1. Full Legal Name of Student: \_\_\_\_\_
2. Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ School Year: \_\_\_\_\_ Grade Level: \_\_\_\_\_ Gender: \_\_\_\_\_
3. Full Legal Name of Parent/Guardian: \_\_\_\_\_
4. Telephone Number(s) – Home Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_ Cell Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_
5. Residential Address – Street Address/P.O. Box: \_\_\_\_\_  
City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_
6. Email Address: \_\_\_\_\_
7. Resident District: \_\_\_\_\_ Attendance Center (School Building): \_\_\_\_\_
8. Requested District: \_\_\_\_\_ Attendance Center (School Building): \_\_\_\_\_  
*(A request for placement in a school building does not guarantee placement in that school building)*
9. Is this application a request to continue in the former resident district after a move to a new school district?  
 Yes, Date of Move: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 No
10. Does the applicant have a sibling or siblings currently under open enrollment or applying for open enrollment?  
 Yes, Sibling Name: \_\_\_\_\_ Open Enrolled District and School: \_\_\_\_\_  
*(If more than one sibling, attach additional information to the application.)*  
 No
11. Transportation assistance may be available through your resident district in the form of reimbursement based on federal poverty guidelines. Will you request transportation assistance?  
 Yes *(If yes, attach proof of income and household numbers to the application sent to the resident district.)*  
 No
12. 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 Cocurricular Activities	
13. 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
  - Receiving accommodations for a 504 plan?  Yes  No
  - Under suspension/expulsion from school?  Yes, *Date Complete:* \_\_\_\_/\_\_\_\_/\_\_\_\_  No
  - Open enrolled (attending a school district in which the student does not live)?  Yes  No

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

Signature of Parent/Guardian: \_\_\_\_\_ Date Signed: \_\_\_\_/\_\_\_\_/\_\_\_\_

## Application Response (Completed by Receiving District)

*The receiving district has the authority to act on all applications.*

Date application was received: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Does the child have an individualized education plan?**

Yes, Date of Consultation With the Resident District and AEA: \_\_\_\_/\_\_\_\_/\_\_\_\_

No

**The receiving district must complete the relevant column below based on its approval or denial of the open enrollment request.**

Approved	Denied
<p>Date Signed: ____/____/____</p> <hr/> <p>Signature of Superintendent</p>	<p>Date of School Board Action: ____/____/____</p> <p><b>Denial Reason:</b></p> <ul style="list-style-type: none"> <li><input type="radio"/> Insufficient classroom space.</li> <li><input type="radio"/> Appropriate special education program is not available.</li> <li><input type="radio"/> Student is under suspension or expulsion.</li> </ul> <hr/> <p>Signature of Superintendent</p>

## Application Receipt (Completed by Resident District)

*The resident superintendent must sign for receipt. No further action is required.*

Date application was received: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature of Superintendent: \_\_\_\_\_