



The Independent School District of Boise City

8169 W. Victory Road
Boise, Idaho 83709

(208) 854-4112
Fax (208) 854-4008

OPEN ENROLLMENT APPLICATION

DATE _____ TIME _____ RECEIVED: _____

For School Year 20____ - 20____

Grade _____

Name of Resident District _____

NOTE: For applicants not currently enrolled in the Boise 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 Boise District Services Center 854-4000 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**

"Educating Today For a Better Tomorrow"

An Equal Opportunity Employer-Educator

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). I also understand that my child and I will be required to sign a contract upon enrolling, if this application is approved.

“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 _____ (Home School) Date _____

☐ Approve ☐ Disapprove Transfer _____ (Receiving School) Date _____

Reason for denial: _____

Superintendent or Designee's Signature

☐ Approve ☐ Disapprove _____ Date _____



Open Enrollment Contract

_____ will be allowed to attend _____
Student Name School Name

if he/she adheres to the expectations detailed in Boise District Policies 3113 and 3113P, http://www.boiseschools.org/our_district/policy_manual. These expectations include but are not limited to the following areas. Students must:

- Follow attendance and discipline policies as outlined in the Boise School District Policy Manual and the school student handbook.
- Receive no major disciplinary violations as outlined in the Boise School District Policy Manual.
- Make progress toward positive academic achievement.

_____ **Please initial that you have read and understand the policies and procedures.**

If an open-enrolled student violates any of these or other expectations detailed in Policies 3113 and 3113P, the principal may revoke the student's open enrollment. Revocation of open enrollment requires specific documentation from the principal or designee and may be appealed to the Council of Directors.

Parents, please initial each of the following statements to acknowledge that you understand:

_____ If approved, this approval is for the current school year only. You must reapply for all subsequent years by completing an Open Enrollment Continuation Form and Contract, which must be submitted annually to the open enrolled school for approval by February 1st.

_____ As a parent you are responsible for providing transportation to and from school for your student. If space is available, your student may ride a bus on an existing route. If your student is approved to ride on a bus, you are responsible for transportation to and from the bus stop.

_____ The quadrant high school in which your student is open enrolled may be closed for open enrollment or have limited slots available for your student's sophomore year. This may prohibit your student from gaining approval for open enrollment to that high school.

_____ If your child participates in athletics, he or she may have the opportunity in 9th grade to play at the high school level at the quadrant high school in the area in which he or she is open-enrolled. The Idaho High School Activities Association (IHSAA) regulations state that if your student has played at the high school level as an open enrolled 9th grader (freshman), and then must return to his/her home high school, he or she may not be able to play at the varsity level for 365 days. Although you can appeal this rule to IHSAA, you should carefully consider whether or not it is in your student's best interests to continue with open enrollment for his/her 9th grade year.

Student Signature

Parent Signature

Administrator Signature

Date