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 ( ) - Work Telephone ( ) - Fax Number ( ) -	
Parent/Guardian Address: School district in which family resides:	City	Zip Code

II. Student Information		
Student Name (Last, First, M.I.) - List only one student per application	Does this student have an IEP? ( ) Yes ( ) No *If "yes," please note that transfer of special education student requires a combined placement meeting, so allow ample time by submitting open enrollment 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/family also applying for admission to this district? ( ) Yes ( ) No	

Requested date for student to transfer _____ (month/day/year).

III. School District Information	
Non-Resident (Admitting) School District to which student wants to transfer:	Preferred school building, if space is available:

The above information is true and correct to the best of my belief and knowledge. Once this request to transfer is approved, the above-named student is obligated to attend school in the non-resident (admitting) district unless the boards of both districts agree in writing to allow student to return to resident district.

Signature of Parent/Guardian	Date

IV. Date and Time Application Received By Non-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 _____ (month/day/year)