



Open Enrollment Application

Deadline for Submitting Application is March 26

SCHOOL YEAR FOR TRANSFER REQUEST: _____ Today's Date: _____ GRADE LEVEL FOR YEAR LISTED: _____

RESIDENT SCHOOL (ESTABLISHED BY HOME ADDRESS): _____

REQUESTED TRANSFER SCHOOL: _____ **LAST SCHOOL ATTENDED:** _____

ONE APPLICATION PER STUDENT

Please refer to the following page for relevant guidelines

☐ **CURRENTLY OPEN ENROLLED** ☐ **NEW REQUEST**

STUDENT FIRST NAME: _____ LAST: _____

GENDER: MALE ☐ FEMALE ☐ DATE OF BIRTH: _____

PARENT/GUARDIAN: _____ PHONE: _____ PHONE: _____

RESIDENT ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

MAILING ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

EMAIL ADDRESS: _____

REASON FOR TRANSFER:

EXPLANATION:

SERVICES REQUIRED: ☐ SPECIAL EDUCATION ☐ OTHER

EXPLANATION:

PLEASE SUBMIT OPEN ENROLLMENT APPLICATION TO REQUESTED SCHOOL

Student Success - January 2021

ACTION TAKEN BY SOUTH KITSAP SCHOOL DISTRICT

Is there room in the class, core class, program or activity, or building to accommodate the transfer? **Yes: _____ No: _____**
 If applicable, have IEP services, at the transfer school, been approved by Office of Special Services? **Yes: _____ No: _____**

Comment: _____

Granted: For The 20_____20_____ School Year Only.

Denied: _____

Building Administrator: _____ Date: _____

Executive Director/School & Family Support: _____ Date: _____

NOTICES

The parent/guardian will be notified by email (or postal mail if an email is not provided) of acceptance with the effective start date or denial of the application.

ACKNOWLEDGEMENTS

- I certify that the information provided is accurate and complete.
- I understand that approval of this request shall be dependent upon the acceptance and rejection standards stated in the Open Enrollment Policy 3131.
- Rescindment (revoking) of this transfer may also occur in accordance to the conditions listed in the Open Enrollment Procedure 3131P.
- I understand that my student must continue to attend the resident school until the effective start date of the transfer and that nonattendance is subject to truancy procedures.
- I understand that my student must comply with all rules and regulations regarding student conduct and attendance of the receiving school. Failure to do so may result in the privilege to attend the open enrolled school being rescinded, and the student would return to his/her service area school.
- I understand that I will be responsible for providing transportation to and from school for my student.
- I understand:
 - Requested school must have adequate classroom and/or program space.
 - Requests will be considered on a first come, first served basis.
 - Attendance and behavior are important factors in being a successful student.
 - Proof of residency and/or daycare may be requested.
 - Requests must be made by **March 26** of the current school year.
 - **I understand that requests are approved for one school year only.**

Signature of parent/guardian

Date

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