

**MADISON SCHOOL DISTRICT 321 - OPEN ENROLLMENT APPLICATION**

Date: \_\_\_\_\_ Requested MSD 321 School: \_\_\_\_\_

School currently attending: \_\_\_\_\_

For District /School Use only: \_\_\_\_\_ Out-of-District School \_\_\_\_\_ In-District MSD 321 School

| Student Information                |                                      |
|------------------------------------|--------------------------------------|
| <b>Student Name</b>                | School year for request: 20__ - 20__ |
| Last _____ First _____             | Date of Birth _____                  |
| Grade (student would attend) _____ | City _____ Zip Code _____            |
| Street Address _____               | Home Phone _____                     |
| Parent/Legal Guardian Name _____   | Cell Phone _____                     |
| Parent/Legal Guardian Email _____  |                                      |

Reason for possible student transfer: \_\_\_\_\_

Is your student on an IEP? YES \_\_\_\_\_ NO \_\_\_\_\_ Is your student on a 504 Plan? YES \_\_\_\_\_ NO \_\_\_\_\_

Please list any other activities, instructional programs, etc. your student plans to participate in \_\_\_\_\_

Has your student had a history of attendance infractions within the past three years? YES \_\_\_\_\_ NO \_\_\_\_\_

Has your student had a history of disciplinary infractions within the past three years? YES \_\_\_\_\_ NO \_\_\_\_\_

Please explain attendance and/or disciplinary infractions: \_\_\_\_\_

Will your student participate in IHSAA sanctioned activities? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, which sport/activities: \_\_\_\_\_

**Considerations:**

- If the student participates in any athletic program governed by IHSAA, he/she may not be eligible to participate at the new school. The parent or guardian should check [IHSAA rules](#) before applying.
- The transfer request is not complete until the resident school has released the student, submitted the request to the requested school and it has been accepted. The student should remain enrolled in the resident school until there is an effective start date at the requested school.
- The district will notify parents of acceptance and the effective start date or denial.
- Transportation of open-enrolled students is the responsibility of the parent/guardian.

**Decision-Making Criteria, Revocation, and Appeals:****Space Availability**

All applications will be considered on a first-come first-serve, space-available basis. Please see Madison School District policy 3010 for all procedures on Open Enrollment.

**Attendance and Disciplinary Infractions**

Open enrolled students are expected to follow all discipline and attendance policies and regulations applicable to all Madison School District students. Failure to meet these conditions may result in revocation of this Open Enrollment transfer and return to his/her resident school.

**Appeals**

Appeals of an administrator's denial or revocation of open enrollment for students residing within the Madison School District boundary will be directed to the Assistant Superintendent, except for denials on space availability, in which case the administrator's decision is final.

**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 Madison School District's policy, and revocation of this transfer may occur in accordance to the conditions listed in the district's policy.
- 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 I am responsible for providing transportation to and from school for my student.
- I understand that requests are approved for one school year only, and it is my responsibility to complete an Open Enrollment Continuation Form each year until my student moves to the next school level.
- I understand that the transfer can be revoked at any time if there are attendance or discipline issues or if there is no longer space within the grade level, class or program.

I have read the Madison School District policies and procedures on Open Enrollment and hereby request that my son/daughter be permitted to attend the requested school. *Misrepresentation of information may result in revocation of the applicant's approval to attend a Madison School District School.*

Parent/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Student Signature (grade 6-12 only) \_\_\_\_\_ Date \_\_\_\_\_

| For District/School Use Only                              |
|-----------------------------------------------------------|
| Administrator's Comments:                                 |
| Administrator's (Receiving) Signature and Date:           |
| Transfer request: Approved _____ Denied _____             |
| Reason for denial: _____                                  |
| In-District (Sending) Administrator's Signature and Date: |
| Date of Parent Notification:                              |