

NOTUS SCHOOL DISTRICT 135 OPEN ENROLLMENT APPLICATION

NOTE: A copy of the applicant student’s cumulative transcript must be attached to this application. The cumulative transcript may be obtained from the student’s current school.

Date: _____
 Requested School: _____ Zoned School: _____
 Current School: _____

Student Information	
Student Name Last _____ First _____	School year for request:
Grade	Date of Birth
Street Address	City _____ Zip Code _____
Parent/Legal Guardian Name	Home Phone
Parent/Legal Guardian Email	Cell Phone

Reason for student transfer: _____

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

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 submitting an application.
- 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.

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 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 school district policies and procedures on Open Enrollment and hereby request that my son/daughter be permitted to attend the request schools.

Parent/Legal Guardian Signature _____ Date _____

Student Signature (6-12 only) _____ Date _____

Misrepresentation of information on this application may result in revocation of the applicant’s approval to attend a Notus School District school.

For District/School Use Only
Building Principal’s Comments:
Building Principal’s Signature and Date:
Superintendent’s Comments:
Superintendent’s Signature and Date: Within 60 days following action on the application, copies must be sent to Parents, Building Principal and, for out of district applicants, the Superintendent of the home district. If the application is denied, a written explanation for the denial must be attached.
Transfer request: Approved _____ Denied _____ Reason for denial: _____
Date of Parent Notification: