



McCall-Donnelly Joint School District No. 421
299 S 3rd Street, McCall, ID 83638
Phone: (208) 634-2161 Fax: (208) 634-4075

OPEN ENROLLMENT APPLICATION

Date Received: _____ Received By: _____

For School Year 20____ - 20____ Grade: _____

1st Year Application _____ 2nd Year Application _____

Name of Resident District: _____

(Note: For applicants not currently enrolled in the McCall-Donnelly School District, a copy of the applicant student's cumulative record must be attached to this application. Cumulative record 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: _____

1. **Applicant Student's Name:** _____

Date of Birth: _____

2. **Name of School student is presently attending:** _____

Present Grade Level of Student: _____

3. **Reason(s) for requesting attendance in this school:**

Sibling(s) currently attend Names (s): _____

Proximity to parent work Proximity to Home Educational Program Friends Attend

Extra-Curricular Program Know teacher or staff Unhappy at Previous School

4. **Is the applicant student currently on an IEP, 504 Plan an English Learner or Gifted/Talented?**

5. **Special and/or unique instructional programs in which the applicant student expects to enroll in at the new school:**

6. **Has the student ever been suspended or expelled from school?** _____ Yes _____ No

7. **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) _____

8. **Transportation arrangements that will be made by the parent/guardian:**

9. Parent/Guardian Information:

Name: _____

Email: _____

Mailing Address _____ City _____ Zip _____

Physical Address _____ City _____ Zip _____

Phone Contacts: Home _____ Cell _____

I have read the school district policy on Open Enrollment and understand:

“The District may deny a transfer application for the following reasons: The pupil was expelled by the pupil’s previous district, the pupil has a documented history of significant disciplinary issues, the pupil has a documented history of chronic absenteeism, or the receiving district does not have space available pursuant to section 33-1409, Idaho Code. Where applicable, a denial may include information about other schools that are below maximum enrollment.”

Parent/Guardian’s Signature: _____ **Date:** _____

Principal Signature:

_____ Approved _____ Denied _____ **Date:** _____

Reason for Denial:

- _____ Expelled by previous district
- _____ Documented history of significant disciplinary issues
- _____ Documented history of chronic absenteeism
- _____ MDSO does not have space available pursuant to section 33-1409, 33-1402 Idaho Code

Superintendent or Designee’s Signature:

_____ Approved _____ Denied _____ **Date:** _____