

South Dakota / Minnesota OPEN ENROLLMENT APPLICATION

Parent / Guardian: complete Sections I, II, III, sign and forward to the resident district.
Resident District: sign the application and forward to the intended district of enrollment.
Enrollment is considered ongoing unless the family notifies both districts that the student wishes to enroll elsewhere.

I. Parent/Guardian Information

Parent or Guardian Name (Last, First, M.I.)	Home Telephone () -	Work Telephone () -	Cell Number () -
Parent or Guardian Address:	City	State	Zip
School district in which family resides:			

II. Student Information

Student Name (Last, First, M.I.) - List only <u>one student</u> per application	Does this student have an IEP? () Yes () No <small>(This information is optional and is only asked for purposes of assuring timely services and will not result in denial of the open enrollment opportunity.)</small>		
District Currently Attending:	Current Grade Level	Grade Level Next Yr.	
School Name:	State:		
List reason(s) for requesting open enrollment (OPTIONAL)			
Requested date for student to transfer _____ (month/day/year).			

III. Receiving School District Information

Name of Minnesota or South Dakota district to which student wants to transfer:	Name of preferred school building, if space is available:
The above information is true and correct to the best of my belief and knowledge and the student will be at least five years of age on September 1 of the school year in which enrollment is sought.	
_____	_____
Signature of Parent/Guardian	Date

IV. Date Application Received by Resident School District and Verification of Residency

Date Application Received	I assure that the student is a resident of this district.
_____	_____
Signature	Printed name

V. Approval or Denial of Application by the Receiving School District

This application is approved _____ denied _____ (check one). If denied, provide the reason for the denial.		
Effective date of this application is _____ (month/day/year).		
_____	_____	_____
Signature of Receiving School District Representative	Printed Name of Receiving School Representative	Date