

**BLACKFOOT SCHOOL DISTRICT NO. 55**  
**OUT-OF-DISTRICT OPEN ENROLLMENT APPLICATION 631F2**

For School Year 20\_\_\_\_\_ - 20\_\_\_\_\_  
Grade \_\_\_\_\_

This application form (approved March 2000) was prepared pursuant to Section 33-1402, Idaho Code, and may be used by any school district. Any other form must be approved by the State Superintendent of Public Instruction.

**NOTE: For out-of-district applicants, a copy of the applicant student's cumulative record must be attached to this application.**

Name of Proposed Receiving School \_\_\_\_\_

School District Name \_\_\_\_\_

1. Applicant Student's Name \_\_\_\_\_  
Date of Birth \_\_\_\_\_

2. School Student is Presently Attending:  
Name of School \_\_\_\_\_  
Address of School \_\_\_\_\_  
Present Grade Level of Student \_\_\_\_\_

3. Has the student ever been suspended or expelled from school? Yes \_\_\_ No \_\_\_  
If YES, describe the circumstances (including dates and duration). \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Reason(s) for requesting attendance in this school (optional).  
\_\_\_\_\_  
\_\_\_\_\_

5. Special and/or unique instructional programs in which the applicant student is currently enrolled. (For example: vocational, foreign language, remedial, special education, gifted/talented, etc.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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6. Special and/or unique instructional programs in which the applicant student expects to enroll during the next school year. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Transportation arrangements that will be made by the parent/guardian.  
\_\_\_\_\_  
\_\_\_\_\_

8. Parent/Guardian's Name \_\_\_\_\_

Parent/Guardian's Address \_\_\_\_\_  
\_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Message Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

I have read the school district policy on open enrollment, and hereby request that my son/daughter be permitted to attend \_\_\_\_\_.

(Name of proposed receiving school)

Parent/Guardian's Signature: \_\_\_\_\_

( ) Approved      ( ) Disapproved      Date: \_\_\_\_\_

Principal's Signature \_\_\_\_\_

Superintendent's Signature \_\_\_\_\_  
\_\_\_\_\_

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.