



Lake Pend Oreille School District #84

Administration Office • 901 N. Triangle Drive • Ponderay, Idaho 83852
Phone: 208/263-2184 • Fax: 208/263-5053
Web: www.lposd.org

OPEN ENROLLMENT APPLICATION

DATE _____ TIME _____ RECEIVED: _____

Out of District Application

In District Transfer Application

For School Year 20____ - 20____

Grade _____

Name of Resident District _____

NOTE: Out-of-zone and out-of-district applications need to be submitted each year.

1. Name of Proposed Receiving School _____

(Some specialized programs are only offered in a limited number of schools. Contact the LPOSD district office at 263-2184 for further information.)

Applicant Student's Name _____

Date of Birth _____

2. Assigned School

Name of School _____

Address of School _____

Present Grade Level of Student _____

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

- Proximity to Parent Work Proximity to Home Educational Program Friends Attend
 Extra-Curricular Program Know Teacher or Staff Unhappy at Previous School Boundary Changes
 Other - Explain _____

4. 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.):

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

6. Extra-curricular activities in which the applicant wishes to participate: _____

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

8. **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) _____

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

10. **Parent/Guardian Information:**

Name _____

Address _____ City _____ Zip Code _____

Phone Contacts: Home _____ Cell _____ Work _____

I have read the school district procedure on Open Enrollment, and hereby request that my son/daughter be permitted to attend _____ (name of proposed receiving school). I also understand that my child and I will be required to sign a contract upon enrolling, if this application is approved.

The district reserves the right to remove a transfer student at any time because of unacceptable behavior, false or misleading information on the open enrollment application, lack of academic progress, or poor attendance.

Parent/Guardian's Signature _____ **Date** _____

Principal Signatures

Approve Deny Transfer _____ (Assigned School) Date _____

Approve Deny Transfer _____ (Receiving School) Date _____

Superintendent or Designee's Signature

Approve Deny _____ Date _____

Within 60 days following action on the application, notification must be sent to Parents, Building Principals and Superintendent of the out-of-district applicant's school district.

Reason for denial: _____

This application form, was prepared pursuant to Section 33-1402, Idaho Code and is for use by the Lake Pend Oreille School District.



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OPEN ENROLLMENT CONTRACT

This Open Enrollment Contract documents an agreement between _____, Student

_____ and _____ in accordance with
Parent/Guardian Receiving School

Lake Pend Oreille School District Open Enrollment Policies and Procedures, which states the following:

Revocation of a Transfer: The District reserves the right to remove a transfer student at any time because of unacceptable behavior, false or misleading information on the Open Enrollment Application, lack of academic progress, or poor attendance.

The Superintendent, Principal or designee shall inform the parent/guardian of behavior that jeopardizes the student's status at the transfer school.

_____ will be allowed to attend _____
Student Name School Name

based on the following expectations:

- Follow attendance and discipline policies as outlined in the Lake Pend Oreille School District Policy Manual and/or the school student handbook.
- Receive no major disciplinary violations as outlined in the Lake Pend Oreille School District Policy Manual
- Make progress toward positive academic achievement

Any violations of these expectations will require specific documentation from the principal or designee at time of administrative review.

As an open enrolled student, I understand if I do not fulfill this contract, I may be required to return to my home school. **This Open Enrollment Contract is in effect for the duration of my enrollment at this school.**

Student Signature

Parent Signature

Building Administrator Signature

Date

Original Contract and Open Enrollment Application will be kept on file at the District Administration Office