



# SOUTH DAKOTA OPEN ENROLLMENT APPLICATION

Parent / Guardian: complete Sections I, II, III & sign.  
*For athletic eligibility, contact school official or SD High School Activities Association*

## I. Parent/Guardian Information

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

## II. Student Information

Student Name (Last, First, M.I.) - List only one student per application	Does this student have an IEP? (    ) Yes (    ) No <i>If "yes," please note that transfer of special education student requires a combined placement meeting, so allow ample time by submitting open enrollment application as early as possible.</i>	
School Currently Attending District	Town	Current Grade Level
		Grade Level Next Yr.
List reason(s) for requesting open enrollment (OPTIONAL)	Are there any other children from this household/family also applying for admission to this district? (    ) Yes (    ) No	

Requested date for student to transfer \_\_\_\_\_ (month/day/year).

## III. School District Information

Non-Resident (Admitting) School District to which student wants to transfer:	Preferred school building, if space is available:
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The above information is true and correct to the best of my belief and knowledge. Once this request to transfer is approved, the above-named student is obligated to attend school in the non-resident (admitting) district unless the boards of both districts agree in writing to allow student to return to resident district.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

## IV. Date and Time Application Received By Non-Resident District

Date Application Received	Time Application Received (Indicate AM or PM)	Received by: (Please sign)
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## V. Non-Resident District Approval/Disapproval

Following review of this application, with due consideration to the laws and rules applicable for the enrollment options program and the standards developed by this district, this application is hereby (check one):

(    ) **APPROVED**                Within 5 days after action has been taken, the admitting district will send signed copies of this application to the resident district and the parent/guardian, The 3rd copy will be kept on file in the non-resident (admitting) district.

(    ) **DISAPPROVED**            Within 5 days after action has been taken, the non-resident district, which did not approve this request for admittance, will send signed copies of this application to the resident district and the parent/guardian. The 3rd copy will be kept on file in the non-resident district. The application was disapproved for the following reason(s):

\_\_\_\_\_  
Signature of School Board President or Designated School Official

\_\_\_\_\_  
Date

Effective date of this application is \_\_\_\_\_ (month/day/year)