

# Iowa Open Enrollment Application

2024-2025 & 2025-2026 School Years

# Application Instructions

## Application Information

If a parent or guardian wishes to open enroll their child(ren), they must:

- Complete an application (available in any Iowa public school district's central office and on the Iowa Department of Education's [Department] website),
- Submit an application for each child in their family, and
- Send a copy of the application to both the resident and receiving school district.

**Do not send your application to the Iowa Department of Education as this could result in an untimely filed application.**

## Current Open Enrolled Students

If a current open enrolled student would like to open enroll to a new school district, the parent or guardian must:

- File a new application with:
  - The district the student is currently attending and open enrolled into (receiving district),
  - The resident district, and
  - The district the student wants to attend; and
- Indicate on the application that the child is currently open enrolled and would like to open enroll to a new school district.

The new district (alternate receiving district) will notify the parent or guardian, the resident district, and previous receiving district of acceptance or denial (281—IAC 17.8(4)).

## Application Sections

- Parents and guardians must complete page 1 of the application.
- Resident and receiving districts must complete page 2.

# To be completed by parent or guardian:

**CAUTION: Knowingly providing false information on this form will invalidate the application**

1. Full Legal Name of Student: \_\_\_\_\_
2. Date of Birth: \_\_\_/\_\_\_/\_\_\_ School Year: \_\_\_\_\_ Grade Level: \_\_\_\_\_ Gender: \_\_\_\_\_
3. Full Legal Name of Parent or Guardian: \_\_\_\_\_
4. Telephone Number(s) – Home: \_\_\_\_\_ Cell: \_\_\_\_\_
5. Residential Address - Street/P.O. Box: \_\_\_\_\_  
City: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_
6. Email Address: \_\_\_\_\_
7. Resident District: \_\_\_\_\_ Attendance Center (School Building): \_\_\_\_\_
8. District Requested: \_\_\_\_\_ Attendance Center (School Building): \_\_\_\_\_  
**(A request for placement in a school building does not guarantee placement in that building)**
9. Is this application a request to continue in the former district of residence following a move to a new school district?  
 Yes Date of Move: \_\_\_/\_\_\_/\_\_\_  
 No
10. Does the applicant have a sibling under open enrollment?  
 Yes Sibling Name: \_\_\_\_\_ Open Enrolled District and School: \_\_\_\_\_  
 No
11. Transportation assistance may be available through your resident district in the form of reimbursement based on federal poverty guidelines. Will you request transportation assistance?  
 Yes *(If yes, attach proof of income and number in household to the application sent to the resident district)*  
 No
12. The student will be enrolled in the following (check all that apply):  
 Regular Education  Special Education  
 Home School (CPI)  Home School Assistance Program  
 Dual Enrollment–Academic  Dual Enrollment–Activity Program  
 Open Enrolling to Approved Online Program and Participating in Resident District Co-Curricular Activities
13. Is your child currently:  
Eligible to receive special education services?  Yes  No  
Receiving English language learning services?  Yes  No  
Receiving accommodations for a 504 plan?  Yes  No  
Open enrolled?  Yes  No \*If yes, please indicate the current receiving district and school: \_\_\_\_\_  
Under suspension or expulsion from school?  Yes  No \*If yes, date complete: \_\_\_\_\_

I certify the information provided is true and I have sent a copy of this form to my resident district and to the district I want my child to attend.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date Signed

## To be completed by the receiving district:

The receiving district has the authority to act on all applications:

Full Legal Name of Student: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_ School Year: \_\_\_\_\_ Grade Level: \_\_\_\_\_

Date application was received: \_\_\_/\_\_\_/\_\_\_

Does the child have an individualized education plan?

Yes, *Date of Consultation with the Resident District and AEA:* \_\_\_/\_\_\_/\_\_\_

No

Approved	Denied
<p>Date Signed: ___/___/___</p> <p>_____</p> <p>Signature of Superintendent</p>	<p>Date of School Board Action: ___/___/___</p> <p>Indicate reason for denial:</p> <ul style="list-style-type: none"><li><input type="radio"/> Insufficient classroom space.</li><li><input type="radio"/> Appropriate special education program is not available.</li><li><input type="radio"/> Student is under suspension or expulsion.</li></ul> <p>_____</p> <p>Signature of Superintendent</p>

## To be completed by the resident district:

*The resident superintendent must sign for receipt. No further action is required.*

Date application was received: \_\_\_/\_\_\_/\_\_\_

Signature of Superintendent: \_\_\_\_\_