



ADMITTING DISTRICT CHRONOLOGICAL LISTING OF OPEN ENROLLMENT APPLICATIONS

NORTH DAKOTA DEPARTMENT OF PUBLIC INSTRUCTION
 SCHOOL FINANCE AND ORGANIZATION
 SFN 50040 (08-07)

List applications for open enrollment in the order received.

Admitting School District Information			I hereby certify that the following information is true and correct to the best of my knowledge and belief.	Signature of District Representative
Co. No.	Dist. No.	District Name		

Student Name	Grade Level	App. Type (Check one)	Co. No.	Dist. No.	Resident School District District Name	Does this student have a disability?	This application was: (Check one)
1.		<input type="checkbox"/> Individual <input type="checkbox"/> Family				<input type="checkbox"/> Yes Disability: <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved
2.		<input type="checkbox"/> Individual <input type="checkbox"/> Family				<input type="checkbox"/> Yes Disability: <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved
3.		<input type="checkbox"/> Individual <input type="checkbox"/> Family				<input type="checkbox"/> Yes Disability: <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved
4.		<input type="checkbox"/> Individual <input type="checkbox"/> Family				<input type="checkbox"/> Yes Disability: <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved
5.		<input type="checkbox"/> Individual <input type="checkbox"/> Family				<input type="checkbox"/> Yes Disability: <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved
6.		<input type="checkbox"/> Individual <input type="checkbox"/> Family				<input type="checkbox"/> Yes Disability: <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved
7.		<input type="checkbox"/> Individual <input type="checkbox"/> Family				<input type="checkbox"/> Yes Disability: <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved
8.		<input type="checkbox"/> Individual <input type="checkbox"/> Family				<input type="checkbox"/> Yes Disability: <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved
9.		<input type="checkbox"/> Individual <input type="checkbox"/> Family				<input type="checkbox"/> Yes Disability: <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved
10.		<input type="checkbox"/> Individual <input type="checkbox"/> Family				<input type="checkbox"/> Yes Disability: <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved
11.		<input type="checkbox"/> Individual <input type="checkbox"/> Family				<input type="checkbox"/> Yes Disability: <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved
12.		<input type="checkbox"/> Individual <input type="checkbox"/> Family				<input type="checkbox"/> Yes Disability: <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved
13.		<input type="checkbox"/> Individual <input type="checkbox"/> Family				<input type="checkbox"/> Yes Disability: <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved
14.		<input type="checkbox"/> Individual <input type="checkbox"/> Family				<input type="checkbox"/> Yes Disability: <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved

INSTRUCTIONS

This form is to be completed by the admitting district with information from SFN 19378 **OPEN ENROLLMENT APPLICATION**. School districts will keep this form on file to document the order in which open enrollment applications were received by the admitting district. List only **new** students who will be attending your district through open enrollment for the next school year.

1. **Student Name:** List the names of students in the chronological order in which the applications were received.
2. **Grade Level:** List the current grade level of each student.
3. **Application Type:** Check the appropriate box indicating whether the student listed is to be considered as an individual or as part of a family unit.
4. **County Number:** Enter county number of resident school district.
5. **District Number:** Enter district number of resident school district.
6. **District Name:** Enter school district name of resident school district.
7. **Does this student have a disability:** Check the appropriate box indicating whether the student has a disability or not. If "yes" is checked indicate the type of disability.
8. **This application was:** Check the appropriate box indicating whether the application was approved or disapproved by the school board.