

**South Dakota / North Dakota**  
**OPEN ENROLLMENT APPLICATION**  
 Parent / Guardian: complete Sections I, II, III & sign

**I. Parent/Guardian Information**

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

**II. Student Information**

Student Name (Last, First, M.I.) - List only <u>one student</u> per application	Does this student have an IEP? (    ) Yes (    ) No  <i>If "yes," the receiving district must have an appropriate program/services to meet the special needs of this student..</i>	
School Currently Attending:	Current Grade Level	Grade Level Next Yr.
District:	State:	
List reason(s) for requesting open enrollment (OPTIONAL)		

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

**III. Receiving School District Information**

North Dakota or South Dakota 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.

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

\_\_\_\_\_  
Date

**IV. Date and Time Application Received by Resident School District**

Date Application Received	Received by: (Please sign)
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**V. Approval or Denial of Application by the Receiving School District**

This application is <b>approved</b> _____ <b>denied</b> _____ (select one).	Date:
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Effective date of this application is \_\_\_\_\_ (month/day/year)