

Iowa Open Enrollment Application

2024-2025 & 2025-2026 School Years

IOWA DEPARTMENT OF EDUCATION | 400 EAST 14TH STREET, DES MOINES, IOWA 50309

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

To be completed by the resident district:

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

<p>Date application was received: ___/___/___</p> <p>_____ Signature of Superintendent:</p>
