



OPEN ENROLLMENT APPLICATION
 NORTH DAKOTA DEPARTMENT OF PUBLIC INSTRUCTION
 OFFICE OF SCHOOL FINANCE AND ORGANIZATION
 SFN 19378 (rev. 08-07)

Parent/Guardian Information

Parent/Guardian Name (Last, First, M.I.)		
Parent/Guardian Address		
Home Telephone	Work Telephone	Deadline waiver requested because you have moved? (See reverse) <input type="checkbox"/> Yes <input type="checkbox"/> No

Student Information

Student Name (Last, First, M.I.) - List only one student per application	Does this student have a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No Specify disability: _____	
School Currently Attending (if different from resident school district)	Date of Birth	Current Grade Level
List reason(s) for requesting open enrollment (OPTIONAL)	Application Type: <input type="checkbox"/> Family <input type="checkbox"/> Individual	

School District Information

Resident School District Name	City in Which Resident School District is Located
Admitting School District Name	City in Which Admitting School District is Located

The above information is true and correct to the best of my belief and knowledge.

Signature of Parent/Guardian	Date
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Return this application to the board of the admitting district and file a copy of the application with the student's district of residence.

Date and Time Application Received by Admitting District

Date Application Received	Time Application Received (Indicate AM or PM)	Signature School District Representative
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Admitting District Approval/Disapproval

Following review of this application for open enrollment, and with due consideration to the laws and rules applicable to open enrollment, and to the criteria of this district which have been developed for open enrollment, this application is hereby (check one):

- Approved** After action has been taken, this application must be immediately sent to the resident district, one copy sent to the parent/guardian within five days, and one copy kept in the files of the admitting district.
- Disapproved** After action has been taken, this application must be sent to the parent/guardian within five days, one copy sent to the resident district, and one copy kept in the files of the admitting district. The application was disapproved for the following reason(s):

Signature of School Board President	Date
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