south dakota
DEPARTMENT OF EDUCATION
Learning. Leadership. Service.

OPEN ENROLLMENT APPLICATION

Parent / Guardian: complete Sections I, II, III, IV & sign.

For athletic eligibility, contact school official or SD High School Activities Association

Open Enrollment Deadlines are the last Friday in September for the first semester and the last Friday in January for the second semester. SDCL 13-28-40 through SDCL 13-28-47.

I. Parent/Guardian Information

Parent/Guardian Name (Last, First, M.I.)	Home Telephone ( ) Cell Telephone ( ) Email:	
Parent/Guardian Address School District in which family resides	City	Zip Code

II. Student Information

Student Name (Last, First, M.I.) - **List only one student per application**		School Currently Attending District
Town	Current Grade Level	Date of Birth
List reason(s) for requesting open enrollment (OPTIONAL)		Are there any other children from this household/family also applying for admission to this district? ( ) Yes ( ) No

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

III. School District Information

Non-Resident (Requested) School District to which student wants to transfer	Preferred school building, if space is available	Grade Level

The above information is true and correct to the best of my belief and knowledge. If this request to transfer is approved, the above-named student is obligated to attend school in the non-resident (requested) district unless the boards of both districts agree in writing to allow student to return to resident district.

Signature of Parent/Guardian Date

IV. Release of Information

The Family Educational Rights and Privacy Act ("FERPA") is a federal law that safeguards the privacy and rights of students' educational records. It grants parents the right to access and review education records while regulating the disclosure of these records to third parties.

I understand that by signing below, I am authorizing the Current (Resident) School District to release the above-named student's cumulative education record to the Non-Resident (Requested) School District indicated above for the purpose of enrollment. I acknowledge that these records may include academic, disciplinary, Special Education/504, and other personally identifiable information protected by FERPA. I understand that the Current (Resident) District may take a reasonable period to respond to this request and that I may need to provide additional information to verify my identity if required.

I understand that I may revoke this consent at any time by providing written notice. This is a one-time release only.

Signature of Parent/Guardian Date

V. Date and Time Application Received By Non-Resident (Requested) District		
Date Application Received:	Time Application Received: (Indicate AM or PM)	Received by: (Please sign)

VI. Date and Time Release of Information Sent and Received to Current (Resident) District		
Date Release Sent to Current District:	Time Release Sent: (Indicate AM or PM)	Sent by: (Please sign)
Date Records Received:		

VII. Non-Resident (Requested) District Approval/Disapproval

Following review of this application, with due consideration to the laws and rules applicable for the enrollment options program and the standards developed by this district, this application is hereby (check one):

( ) APPROVED — Within 5 days after action has been taken, the non-resident district will send signed copies of this application to the resident district and the parent/guardian. A copy will also be kept on file in the non-resident district.

( ) DISAPPROVED — Within 5 days after action has been taken, the non-resident district, which did not approve this request for admittance, will send signed copies of this application to the resident district and the parent/guardian. A copy will also be kept on file in the non-resident district. The application was disapproved for the following reason(s):

Signature of School Board President or Designated School Official — Date