



INSTRUCTIONS: The parent or guardian must complete this application. Type or print clearly in ink. **Return completed form, open enrollment application denial letter(s), appeal decision(s) (if any), individualized education program or services plan, and current residency documentation to the school.**

School Applying To *No abbreviations*

School Year Applying For
2016-17

FAMILY INFORMATION

Parent/Guardian First Name	MI	Last Name	Suffix	Telephone Area/No.
Parent/Guardian First Name	MI	Last Name	Suffix	Current Resident School District
Home Street Address		City	State	Zip

STUDENT INFORMATION

Student's First Name <i>Legal Name Only</i>	MI	Last Name <i>Legal Name Only</i>	Suffix	Grade Level for 2016-17
Gender <input type="checkbox"/> Female <input type="checkbox"/> Male	Check One <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino	Check all that Apply <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Hawaiian/Other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Black/African American Native		
Name of Public School Attended for the 2015-16 School Year:				Date of Birth <i>Mo./Day/Yr.</i>
The student must either have an Individual Education Program (IEP) or services plan. Please check which one the student has: <input type="checkbox"/> Individual Education Program (IEP) <input type="checkbox"/> Services Plan (parentally placed at a private school)		Date of last IEP team evaluation or reevaluation: If the student has an IEP, name of school district that developed the IEP:		

OPEN ENROLLMENT APPLICATION DENIAL

Instructions: In order to be eligible to participate, the student must have been denied open enrollment in at least one of the school years listed below. If the student applied to multiple districts, all open enrollment applications must have been denied in that year. Further, if the open enrollment application was appealed, all decisions must have been affirmed by the DPI. Affirmed means that the DPI did not overturn the denial. **Provide a copy of all open enrollment denial letters for the year selected below and a copy of all appeal decisions, if applicable, with the application.**

School Year of Open Enrollment Application Denial(s) <i>Select one year</i> <input type="checkbox"/> 2011-12 School Year <input type="checkbox"/> 2012-13 School Year <input type="checkbox"/> 2013-14 School Year <input type="checkbox"/> 2014-15 School Year <input type="checkbox"/> 2015-16 School Year <input type="checkbox"/> 2016-17 School Year	Name of All School Districts where Application was Denied:
Answer the following questions regarding the open enrollment application denial(s) included above: <input type="checkbox"/> Yes <input type="checkbox"/> No (1) Was the open enrollment application denial(s) appealed? <input type="checkbox"/> Yes <input type="checkbox"/> No (2) If (1) is Yes, was the decision affirmed by DPI?	

PARENT OR GUARDIAN CERTIFICATION

Check here certifying that you received the comparison of the rights of a pupil with a disability in a public school compared to the SNSP.
 Check here certifying that you have received a profile of the school's special education program.

I, AS THE PARENT OR GUARDIAN, CERTIFY that all of the information on this application is true and correct. I understand that any of the information on this application or related to this application, including the IEP/services plan, open enrollment denial letter(s), or residency documentation, may be subject to further review and verification by school and/or state officials.

Signature of Parent or Guardian <i>MUST be the same name as one of the parents / guardians listed above</i>	Date Signed <i>Mo./Day/Yr.</i>
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FOR SCHOOL USE ONLY

Yes No Based on the information provided by the parent or guardian, the student is eligible.

I, AS THE ADMINISTRATOR RESPONSIBLE FOR PUPIL ADMISSIONS, have reviewed the student application and have concluded that it is properly and completely filled out to the best of my knowledge. I attest that I have received the denial letter(s), appeal decision(s), if applicable, IEP or services plan, and residency documents.

Signature of School Administrator on the Intent to Participate (ITP)	Printed Name of School Administrator on the ITP	Date Signed <i>Mo./Day/Yr.</i>
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