Policy Title: Open Enrollment Policy

Fruitland School District is an open enrollment district and tuition will be waived for non-resident Idaho students who are allowed to attend this district under the terms of this policy.

Non-resident students are those Idaho students whose parent or guardian do not reside in this school district, but who have applied for admission or are attending school in this district through open enrollment.

A non-resident student’s parent or guardian must apply annually for admission to a school in this district on a form provided by the State Department of Education. The application, accompanied by the student’s accumulative record, must be submitted to this district by February 1st for re-enrollment during the following school year, unless the application deadline has been waived by agreement between Fruitland School District and the home district. The notice of application must also be given to the home district. Acceptance for open enrollment is for that year only and does not ensure enrollment in the future.

The district will notify the applicant that the application has been accepted or denied for the following school year within sixty (60) days of February 1st or the date of the application.

No student shall be eligible to participate in extracurricular activities, in violation of policies governing such eligibility, by attending school in this district pursuant to this policy.

This district shall take no action to prohibit or prevent application by its students to attend school at another district.

A student suspended or expelled from any other school district may be ineligible for open enrollment in this school district.

New Applications for Open Enrollment are due to the District Office by August 1st to be considered for the new school year.

This district is concerned about its class size and the effect that enlargement of the student-teacher ratios will have upon the educational program. Therefore, this district has determined that admission of students in excess of the following ratios could work a hardship on the district, its teachers, staff, students and educational program:

<table>
<thead>
<tr>
<th>GRADE</th>
<th>RATIO</th>
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<tbody>
<tr>
<td>K-1</td>
<td>23:1</td>
</tr>
<tr>
<td>2-4</td>
<td>24:1</td>
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<tr>
<td>5-6</td>
<td>25:1</td>
</tr>
<tr>
<td>7-12</td>
<td>140 students in grade level.</td>
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</tbody>
</table>

An exceptional student resource class ratio shall be 10:1.

An exceptional student severe class ratio shall be 3:1.
The Board will consider all open enrollment applications on a case-by-case basis to determine if the application will create a hardship on the school district. Requests determined not to create a hardship on the school district will be given priority for approval as follows:

1. School District staff
2. Current Students in Good Standing
3. Property owners in the school district
4. Date of submission of Application.

Students approved for open enrollment will complete an Open Enrollment Behavioral Contract signed by the student’s parent and/or guardian. The parent and/or guardian shall be responsible for transporting the student to and from the school or to an appropriate bus stop within this district.

Adopted: 1979

Legal Reference: I.C. 33-1401, et seq.

Revised:
3/97, 11/97, 12/05, 8/06
4/09, 7/13/09, 10/8/12, 9/11/17,
1/15/18
OPEN ENROLLMENT APPLICATION
(Updated 1/2018)

Office Use Only:
Date Submitted: ___________________________
Received By: _____________________________

For School Year 20_______ - 20_______
Grade _____

This application form (approved March 2000) was prepared pursuant to Section 33-1402, Idaho Code, and may be used by any school district. Any other form must be approved by the State Superintendent of Public Instruction.

NOTE: For out-of-district applicants, a copy of the applicant student’s cumulative record must be attached to this application.

Due Date: August 1st for First Semester Enrollment

Name of Proposed Receiving School ____________________________________________
School District Name _________________________________________________________

1. Applicant Student’s Name _________________________________________________
   Date of Birth _____________________________________________________________

2. School Student is Presently Attending:
   Name of School ___________________________________________________________
   Address of School _________________________________________________________
   Present Grade Level of Student _____________________________________________

3. Has the student ever been suspended or expelled from school?  Yes ___ No ___
   If YES, describe the circumstances (including dates and duration). ____________
   _______________________________________________________________________
   _______________________________________________________________________
   _______________________________________________________________________

4. Reason(s) for requesting attendance in this school.
   _______________________________________________________________________

SDE approved 3/2000
5. Special and/or unique instructional programs in which the applicant student is currently enrolled. (For example: special education, 504 plan, vocational, foreign language, remedial, gifted/talented, etc.)

6. Special and/or unique instructional programs in which the applicant student expects to enroll during the next school year.

7. Transportation arrangements that will be made by the parent/guardian.

8. Parent/Guardian’s Name
   Parent/Guardian’s Address
   Home Phone Work Phone
   Message Phone Work Phone

I have read the school district policy on open enrollment, and hereby request that my son/daughter be permitted to attend ____________________________.

(Name of proposed receiving school)

Parent/Guardian’s Signature: ____________________________

( ) Approved ( ) Disapproved Date: ____________________________

Superintendent’s Signature ____________________________

Within 60 days following action on the application, copies must be sent to: Parents, Building Principal and, for approved applicants, the superintendent of the home district. If the application is denied, a written explanation for the denial must be attached.

SDE approved 3/2000
FRUITLAND SCHOOL DISTRICT No. 373

Open Enrollment Behavioral Contract

Student: ___________________________  Date: ___________

We agree to comply with all behavioral requirements listed below:

1. Satisfactory compliance with any rules, requirements, or policies outlined in the student handbook or in school district policy.

2. Satisfactory compliance with rules or requirements set by the school administration.

3. Satisfactory compliance with any city, state, or federal laws while on school property.

4. Maintain satisfactory progress in all classes, including serious effort to successfully complete assigned work.

5. Comply with all classroom rules and requirements and use class time wisely.

6. Maintain satisfactory attendance, with no truancies.

7. Parent/guardian will support the school rules, policies, and educational practices of the school and district.

This contract will begin upon enrollment in the Fruitland School District and will be in effect through the last day of enrollment in the Fruitland School District. Violation of any part of this contract will result in the open enrollment request being revoked and the student will need to transfer to another school district.

______________________________  _______________________
Student Signature                  Date

______________________________  _______________________
Parent/Guardian Signature          Date

______________________________  _______________________
Principal Signature                Date

SDE approved 3/2000