

**APPLICATION FOR STUDENT TRANSFER
 NEBRASKA ENROLLMENT OPTION PROGRAM
 2009/10 SCHOOL YEAR**

SECTION 1: TO BE COMPLETED BY THE PARENT, LEGAL GUARDIAN, OR STUDENT (if an emancipated minor) requesting a transfer to attend a school district other than the district of residence. Between September 1 and March 15, this application must be sent, (postmarked) or delivered to the Option School District. If after March 15, this application MUST be accompanied by a WRITTEN release (waiver) from an authorized official of the Resident District or Section 2 must be completed by the resident school district.

Student Name (Last, First, M.I.)		Birthdate: Month _____ Day _____ Year _____ Sex: F <input type="checkbox"/> M <input type="checkbox"/>	
Parent/Guardian Name (Last, First, M.I.)		Mailing Address	Residence Address (if different)
City		Zip Code	Telephone Number (home/work)
Expected Grade Level at Time of Enrollment: K <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 10 <input type="radio"/> 11 <input type="radio"/> 12 <input type="radio"/>			
Does Student Require Special Education Services? (check one)		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes, Does the Student Have an Individualized Education Program (IEP)?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is the Applicant a Sibling of a Current Option Student? (check one)		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has the Applicant Attended Option District for the Immediately Preceding 2 Years? Yes <input type="checkbox"/>		No <input type="checkbox"/>	
Signature of Parent:		Date:	
Resident District Name and Number::		Building Currently Attending:	
Option District Name and Number:		Building Preference:	

Application must be sent or delivered to the Option School District

SECTION 2: TO BE COMPLETED BY THE RESIDENT SCHOOL DISTRICT (only if this application is submitted by the parent, legal guardian or student after the March 15 deadline).

The resident district waives deadline dates: _____		The resident district will not waive deadline dates: _____	
Reason for Denial (required):			
Name and Title of Authorized Official:			
Date:		Signature:	

SECTION 3: TO BE COMPLETED BY THE OPTION SCHOOL DISTRICT. Whether approved or denied, send photocopies to the Applicant, the Resident District and to the Department of Education.

OPTION SCHOOL DISTRICT NAME: _____		Date this Application Received: _____	
County _____		County-District Number _____ Phone Number _____	
The Option School District: Approves _____ (or) Disapproves _____ this application.			
Reason for Denial (required):			
If district approves this application, date student will begin attending Option District: Month _____ Day _____ Year _____			
Name and Title of Authorized Official:			
Date Application Accepted/Rejected:		Signature:	

CHANGE OF STATUS

To be completed by an authorized official of the Option District (or parent) when the Option student quits the option, withdraws the application prior to attending or if the Option student's Resident District changes for any reason and the student continues attending the Option District (original resident). **Send photocopies to the Applicant, the Resident District and the Department of Education.**

The Status of This Student is Changed for the Following Reason(s):		
<input type="checkbox"/> Withdrawal of the application prior to attending the present school year.	<input type="checkbox"/> Has completed the grades offered in the Option District.	<input type="checkbox"/> Attending High School in a district which is affiliated with the resident District.
<input type="checkbox"/> Cancellation of Enrollment Option during the present school year.	<input type="checkbox"/> Discontinuation of school attendance (moved away, deceased, etc.).	
<input type="checkbox"/> Other (Specify) _____		
Date Change of Status: Month _____ Day _____ Year _____		
New Mailing Address: _____		
City: _____ Zip Code: _____ Telephone Number (home/work): _____		
New Resident School District Name: _____		
County: _____ County District Number: _____ Phone Number: _____		
Name and Title of Option District Official (or parent): _____		
Date: _____		Signature: _____