

APPLICATION FOR STUDENT TRANSFER NEBRASKA ENROLLMENT OPTION PROGRAM _____ SCHOOL YEAR

SECTION 1: TO BE COMPLETED BY THE PARENT, LEGAL GUARDIAN, OR STUDENT (if an emancipated minor or age 19 or order) 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, unless the student relocated after February 1st.

Learning Community Open Enrollment Option Students - See Information for Completing Form note.

Student Name: (Last, First, M.I.)	
Student Birthdate: mm/dd/yyyy	Sex: F _____ M _____
Parent/Guardian Name: (Last, First, M.I.)	
Mailing Address:	
Residence Address: (if different)	
City:	Zip Code:
Telephone Number: (home/work/mobile)	Email:
Expected Grade Level at Time of Enrollment: K 1 2 3 4 5 6 7 8 9 10 11 12	
Does Student Require Special Education Services? (check one) Yes _____ No _____	
If Yes, Does the Student Have an Individualized Education Program (IEP)? Yes _____ No _____	
Is the Applicant a Sibling of a Current Option Student? Yes _____ No _____	
Has the Applicant Attended Option District for the Immediately Preceding 2 Years? Yes _____ No _____	
Did the Student Relocate After February 1 st ? Yes _____ No _____	
Does Applicant Qualify for Free or Reduced Price Lunches? Yes _____ No _____	
Resident District Name:	Building Currently Attending:
Option District Name:	Building Preference:
My signature below acknowledges that I am the person with legal or actual charge or control of the above-listed student, I am completing this Application for Student Transfer pursuant to Sections 79-232 through 79-246 R.R.S., understand enrollment option is available only once to each student prior to graduation unless the option meets one of the exclusion criteria (see note on instructions), and have read the related materials provided on the Department of Education's Enrollment Option Program website at https://www.education.ne.gov/fos/enrollment-option-application-instructions-faqs/	
Signature of Parent:	Date:

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, and the student has not relocated after February 1st).

<input type="checkbox"/> The resident district waives deadline dates	<input type="checkbox"/> The resident district will <u>not</u> waive deadline dates. Reason for Denial (required):
Name and Title of Authorized Official:	
Signature:	Date:

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

OPTION SCHOOL DISTRICT NAME:		
Date this Application Received:		
County:	County-District Number:	Phone Number:
The Option School District: <input type="checkbox"/> Approves this application		<input type="checkbox"/> Denies this application. Reason for Denial (required):
If district approves this application, date student will begin attending Option District: ____/____/____		
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 and the Resident District.**

The Status of This Student is Changed for the Following Reason(s):		
	Withdrawal of the application prior to attending the present school year.	
	Cancellation of Enrollment Option during the present school year (Both Superintendents must sign below).	
	Has completed the grades offered in the Option District.	
	Attending High School in a district which is affiliated with the resident District.	
	Discontinuation of school attendance (moved away, deceased, etc.).	
	Other (Specify):	
Date Change of Status:		
New Mailing Address:		
City:	Zip Code:	
Telephone Number (home/work/mobile):		
Resident School District Name:		
County:	County District Number:	Telephone Number:
Name and Title of Option and Resident District Officials (or parent):		
Signature:		Date:
Signature:		Date: