SCHOOL YEAR _____

THOMPSON SCHOOL DISTRICT
SCHOOL OF CHOICE/OPEN ENROLLMENT APPLICATION

Application Reason (check below)

☐ Current School Year

☐ Following School Year – 1st – 12th grade

☐ Following School Year – Kindergarten ☐ Half day ☐ Full Day

Section 1 – Student Information REQUIRED – One application per student

Last Name | First Name | Middle Name | Date of Birth

Street Address | City, State, Zip

Resident of:

☐ Thompson School District

School of Residence (home address school)

☐ OTHER School District

District of Residence

Current School of Attendance | Grade | Requested School | Grade

Does this student have siblings that are: a) Applying for open enrollment to, or b) Already attending the requested school?

☐ Yes ☐ No

Does your student have a current learning plan? (check all that apply)

☐ IEP – Individual Education Plan ☐ ALP – Advanced Learning Plan (GT)

☐ ELL Plan – English Language Learner ☐ READ plan

☐ 504 plan ☐ None

Section 2 – Parent/Guardian Certification - REQUIRED

I certify that the information given by me in this document is true, complete and correct.

Parent/Guardian Name (PLEASE PRINT) | Email / Preferred Contact Phone

Parent/Guardian Signature | Date

Section 3 – SCHOOL USE ONLY

Application Status ☐ Approved ☐ Denied Date Parent/Guardian Notified

Principal Signature / Requesting School | Date

Section 4– Parent/Guardian FINAL Acceptance – to be completed AFTER notification

Upcoming Grade 1st thru 12th - This signed final acceptance must be returned to the requested school by January 25. If January 25 falls on a weekend, the date is the first Monday following January 25.

Upcoming Kindergarten – This signed acceptance must be returned to the requested school one week after you have received notification from the school of your students' acceptance.

☐ I accept this placement for my child

Parent/Guardian Signature | Date