

South Dakota / Iowa TUITION ENROLLMENT APPLICATION

Parent / Guardian: complete Sections I, II, III & sign

I. Parent/Guardian Information

Parent or Guardian Name (Last, First, M.I.)	Home Telephone () -	Work Telephone () -	Cell Number () -
Parent or Guardian Address:	City	State	Zip
School district in which family resides:			

II. Student Information

Student Name (Last, First, M.I.) - List only <u>one student</u> per application	Does this student have an IEP? () Yes () No <i>If "yes," the receiving district must have an appropriate program/services to meet the special needs of this student..</i>		
School Currently Attending:	Current Grade Level	Grade Level Next Yr.	
District:	State:		
Requested date for student to transfer _____ (month/day/year).			

III. Receiving School District Information

Iowa or South Dakota district to which student wants to transfer:	Preferred school, if space is available:
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The above information is true and correct to the best of my belief and knowledge.

Signature of Parent/Guardian

Date

IV. Date and Time Application Received by Resident School District

Date Application Received	Received by: (Please sign)
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V. Approval or Denial of Application by the Receiving School District

This application is approved _____ denied _____ (select one).	Date:
Effective date of this application is _____ (month/day/year)	