



Independent School District No. 1

3317 12th Street
Lewiston, ID 83501
208.748.3000
Fax 208.748.3059

“Ensuring high levels of learning for ALL students”

Open Enrollment Letter of Intent Application

Applications must be made prior to February 1 for enrollment of the following year.

For School Year 20 ____ - 20 ____

Grade Level _____

In-District _____ Out-of-District _____

Requested School: _____

Attending Area School/District: _____

Student Name: _____

Date of Birth: _____

Parent/Legal Guardian Name: _____

Contact Phone Number: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Acknowledgements:

- I certify the information provided is accurate and complete.
- I understand the approval of this request shall be dependent upon the acceptance and rejection standards stated in the district’s policy, and revocation of this transfer may occur in accordance to the conditions listed in the district’s policy. This includes over capacity within the first two years of the transfer.
- I understand my student must continue to attend the resident school until the effective start date of the transfer and that nonattendance is subject to truancy procedures.
- I understand I am responsible for providing transportation to and from school for my student.
- I understand the transfer can be revoked at any time if there are attendance or discipline issues.
- I understand I must complete and submit by the deadline (February 1) the Intent for re-enrollment each year in order to continue to attend the school.

I have read the school district policies and procedures on Open Enrollment and hereby request that my student be permitted to attend the requested school.

Parent/Legal Guardian Signature _____ Date _____

Our Vision

“In collaboration with our community, we will empower students by providing an engaging and equitable education in a safe environment”



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<i>For District/School Use Only</i>
Date application received by the district:
Transfer request: Approved _____ Denied _____
Reason for Denial:
Receiving District Comments:
Receiving District Signature: Date:
Date of Parent Notification:

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