2020 Request for Open Enrollment — Elementary

INSTRUCTIONS: Students must be residents of the Ithaca City School District and registered in their Home School in order to be considered for Open Enrollment. A new application is required if a request is being made for a new, non-Home School placement. Once applications have been approved, students are *not* required to reapply until middle school*. Open Enrollment into a particular school is dependent upon space availability and staffing.

The parent/caregiver must complete all information on this form and submit to Amy Augustine at 400 Lake Street, Ithaca, NY 14850 no later than **June 1, 2020**. In the absence of extenuating circumstances, late applications will not be processed.

Written notifications typically begin in mid- to late June when enrollment numbers are more accurate, but could be made as late as the end of August.

PART I: OPEN ENROLLMENT REQUEST. To be completed by parent/caregiver. (please print)

Student _____ Birth Date _____/_____/_____
Last *First* *MI*

Name of Parent(s)/Caregiver(s)_____ Entering Grade _____ in September 2020
K-5 only

Address _____ Home phone _____-_____-_____
Street

_____ Cell phone _____-_____-_____
City *State* *Zip Code*

E-mail address _____ Work phone _____-_____-_____

ICSD Home School: • Belle Sherman • Beverly J. Martin • Caroline • Cayuga Heights
• Enfield • Fall Creek • Northeast • South Hill

Requested School: Choice #1 _____ Choice #2 _____ Choice #3 _____

Reason for Request _____

_____

_____

I understand that, unless otherwise indicated, if this Open Enrollment request is granted: 1) transportation is not provided by Ithaca City School District and I hereby agree, by signing below, to waive ICSD transportation for my child to and from the school outside my child's designated attendance zone for the entirety of the Open Enrollment period; and 2) the Ithaca City School District reserves the right to rescind Open Enrollment due to space availability, staffing, attendance issues, and other considerations

_____ _____/_____/_____
Signature of Parent/Caregiver *Date*

PART II: ICSD ACTION. To be completed by ICSD.

Residency & registration verification completed _____/_____/_____
Date

ICSD Decision:

Choice #1 • Approved • Denied *Choice #2* • Approved • Denied *Choice #3* • Approved • Denied

Comments: _____

_____ _____/_____/_____
Signature, ICSD Administration *Date*