

2020-2021 School Year COVID-19 Iowa Open Enrollment Application to Online Providers

Senate File 2310 allows until July 15, 2020 for a parent or guardian to apply to open-enroll a student for the 2020-2021 school year to an online public school in another school district if the child, the child's caretaker, or another resident of the child's residence has a significant health condition that may increase the risk of COVID-19.

Deadline: July 15, 2020

- Please attach verification of the health condition from a physician or licensed healthcare provider.
- Applications must be sent to both the resident district and the district the child is open enrolling to.

To be completed by parent or guardian:

1. Full Legal Name of Student: _____
2. Date of Birth: ____/____/____
3. Grade for 2020-2021: _____
4. Gender: Female or Male
5. Parent/Guardian: _____
6. Telephone Number(s) Home: _____ Cell: _____
7. Resident Address Street/Box, City, Zip, County: _____
8. Email Address: _____
9. Name of Individual with the Health Condition: _____
 - a) Student's Relationship to the Individual with the Health Condition:
 - Self
 - Another Resident in the Child's Residence
 - Regular Caretaker of the Child
 - b) Type of Health Condition: _____

** Please attach written verification of the health condition from a physician or licensed health care provider.*
10. Resident District: _____ Attendance Center: _____
11. District Requested (select one):
 - CAM (Iowa Connections Academy) Kindergarten-12
 - Cedar Rapids CSD (Virtual Academy) Grades 6-12
 - Clayton Ridge (Iowa Virtual Academy) Kindergarten-12
 - Des Moines Public Schools (Virtual Campus) Grades 9-12
 - Other Approved Online District (see [Online Learning webpage](#)).
 - Please list school here: _____

12. The student will be enrolled in the following (check all that apply):

- Regular Education
- Special Education

13. Is your child currently eligible to receive special education services? Yes or No

14. Is your child currently being evaluated for special education services? Yes or No

15. Is your child currently receiving English Language Learning services? Yes or No

16. Is the student currently under suspension or expulsion from school? Yes or No

**If yes, date the suspension/expulsion will be complete: ____/____/____*

I certify the above information is true, and I have sent a copy of this form to my resident district and to the district I want my child to attend.

Signature of Parent or Guardian

Date Signed

CAUTION: Knowingly providing false information on this form will invalidate the application.

***Please mail or fax copies of the form to your resident school district and the district you are open enrolling to with verification of the health condition from a physician or registered healthcare provider. For addresses or fax numbers for school districts, please visit [2019-2020 Iowa Public School District Directory](#).**

To be completed by the receiving district:

Receiving District

The receiving district has the authority to act on all applications (before or after deadline) except:

- If the child has an IEP date of consultation with the resident district and AEA.

Date application was received: ____/____/____

Approved:

Signature of Superintendent

Date Signed

Denied:

Signature of Superintendent

Date of School Board Action

If denied, indicate reason:

- Request was not filed by July 15.
- Insufficient classroom space.
- Student under suspension or expulsion.
- Appropriate special education program is not available.