

Procedures For Open Enrollment K-12

School Year



- 1) All applications for open enrollment will be made on Traverse City Area Public Schools "Open Enrollment Application Form." This open enrollment application will be valid for the _____ school year only. This form may be obtained from your TCAPS school office. Open enrollment applications for the next school year will be accepted at the receiving school office **after March 1st**.
- 2) The decision to grant open enrollment will be reviewed by the receiving principal and final approval granted by the Superintendent or designee. Factors considered include current space available, anticipated growth or decline in enrollment, the overall impact on instruction, past student attendance, and student behavior.

Preference will be given to:

- Previous years of attendance at the school.

Other considerations include:

- Children living within walking distance.
- Child care/babysitting requests.

If after using the above considerations there are applications in excess of available space, selection will be made by lottery.

- 3) A decision regarding open enrollment will be made as soon as all relevant factors have been determined and evaluated. This may occur as late as the first day of school.
- 4) Parents or guardians are responsible for the transportation of any student who is attending a school under open enrollment. Transportation to the open enrollment school will be provided if students are brought to the nearest bus stop within the attendance area for that school.
- 5) Open enrollment placements will remain tentative for the first ten days of the school year, and may be reviewed/revoked at any time depending upon the student's ability to attend regularly and conduct themselves appropriately.

Traverse City Area Public Schools Open Enrollment Application Form

Date Request Received _____

Student's Name _____ Grade _____

Address _____ City _____

Email _____

Parent/Guardian Name _____ Home Phone _____ Work Phone _____

School Wishing to Attend _____ Home School _____

Has This Child Been Open Enrolled In The Desired School Before? _____

Address of Child Care Provider (if applicable) _____

Please Give Reason For Your Request _____

Are you requesting open enrollment at other sites? If yes, where _____

Please return this completed form to the school in which you wish to open enroll your student. Use a separate form for each student.

Parent/Guardian

_____ Granted _____ Denied

Superintendent/Designee

_____ Date