Traverse City Area Public Schools Open Enrollment Application Form



Procedures For Open Enrollment K-12 _____School Year

(Please complete one per school/per family)

- 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.
- 2) The decision to grant open enrollment will be made 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.

Open enrolled students will participate in all state required assessments. Not participating in required assessments may jeopardize future open enrollment.

Preference may be given to:

- Previous years of attendance at the school.
- Siblings of students accepted at this school under the TCAPS Open Enrollment Policy.
- Siblings of students enrolled in building programs.

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, the 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 <u>may be</u> provided if students are brought to the nearest bus stop within the attendance area for that school and there is bus space available.
- 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.

Date Request Received					
Student's Name		Grade	Accept	Υ	N
Student's Name		Grade	Accept	Υ	N
Student's Name		Grade	Accept	Υ	N
Address	_City		Zip		
Email					
Parent/Guardian Name	Home Phone	Wo	rk Phone		
School Wishing to Attend	Home School				
Have these children been open enrolled in the desired school before?					
Name/address of child care provider (if applicable for open enrolled status)_					
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.					
Parent/Guardian					
Superintendent/Designee		Date		_	

White: Open Enrollment School #602064 Rev. 5/16

Yellow: Home Attendance School

Pink: Student Accounting