

Open Enrollment Application for the 2026-27 School Year

Application Information and Deadlines

If a parent or guardian wishes to open enroll their child(ren), they must:

- Complete an application (available in any Iowa public school district's central office and on the Iowa Department of Education's website),
- Submit an application for each child in their family, and
- Send the application to both the resident and receiving school districts on or before the established deadline to be considered for approval ([Iowa Code 282.18\(2\)](#)).

Date	Deadline
Applications to Approved Online Schools	The deadline does not apply to parents/guardians applying for their student to attend a public school district with an approved online school by the Iowa Department of Education.
March 2, 2026	Last day a parent/guardian may apply to open enroll their student in grades 1-12 for the upcoming school year.
March 3, 2026	Applications for students in grades 1-12 are late filed and will be denied unless the parent/guardian is able to demonstrate "good cause" under Iowa Code 282.18
Sept. 1, 2026	Last day a parent/guardian may apply to open enroll their incoming preschool student who receives special education services requiring specially designed instruction (SDI) .
Sept. 1, 2026	Last day a parent/guardian may apply to open enroll their incoming kindergarten student .
Sept. 2, 2026	Applications for incoming preschool students requiring SDI and kindergarten students will be denied unless the parent/guardian is able to demonstrate "good cause" under Iowa Code 282.18 .

***Email, mail or fax copies of the application to your resident district and the district you wish for your child or children to attend. For contact information, addresses or fax numbers for school districts, visit the districts' websites.**

Current Open Enrolled Students

If a current open enrolled student would like to open enroll to a new school district, the parent or guardian must:

- File a new application with:
 - The district the student is currently attending and open enrolled into (receiving district),
 - The resident district, and
 - The district the student wants to attend (alternate receiving district) by the **March 1 (or Sept. 1) deadline**.
- Indicate on the application that the child is currently open enrolled and would like to open enroll to a new school district (see question 12.e.).

The new district (alternate receiving district) will notify the parent or guardian, the resident district, and the previous receiving district of acceptance or denial (Iowa Administrative Code rule 281—17.2(3)).

Application Sections

- **Parents and guardians** must complete pages 1-2 of the application.
- **Resident and receiving districts** must complete page 3.

2026-27 Open Enrollment Application

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

To be completed by parent or guardian:

1. Full Legal Name of Student: _____
2. Date of Birth: _____ Grade Level for 2026-27 School Year: _____ Gender: _____
3. Full Legal Name of Parent or Guardian: _____
4. Telephone Number(s) – Home Phone: _____ Cell Phone: _____
5. Residential Address: Street/P.O. Box: _____
City: _____ Zip Code: _____ County: _____
6. Email Address: _____
7. Resident District: _____ Attendance Center (School Building): _____
8. District Requested: _____ Attendance Center (School Building): _____
*Request does not guarantee placement
9. Is this application a request to continue in the former district of residence following a move to a new school district:
☐ Yes Date of Move: _____
☐ No
10. Does the applicant have a sibling under open enrollment?
☐ Yes Sibling Name: _____ District and School: _____
☐ No
11. The student will be enrolled in the following (check all that apply):
☐ Regular Education
☐ Special Education
☐ Home School (Competent Private Instruction)
☐ Home School Assistance Program
☐ Dual Enrollment: Academic
☐ Dual Enrollment: Activity Program
☐ Open Enrolling to Approved Online Program and Participating in Resident Co-Curricular Activities
12. Is your child currently:
 - a. Eligible to receive special education services? ☐ Yes ☐ No
 - b. Being evaluated for special education services? ☐ Yes ☐ No
 - c. Receiving English language learning services? ☐ Yes ☐ No
 - d. Under suspension or expulsion from school? ☐ Yes ☐ No
 - If yes, date the suspension or expulsion will be complete: _____
 - e. Open enrolled (attending a school district that the student does not live in)? ☐ Yes ☐ No
13. Will you require transportation assistance? ☐ Yes ☐ No
 - a. If yes, attach the following application being sent to the resident district:
 - Proof of income and
 - Number of persons in the household.

Question 14 should be completed only IF the application is being filed after March 1 for grades 1-12.

14. Check the circumstance(s) that apply to the student. List date of change or provide information when pertinent:

Circumstance(s)	Date/Required Information
☐ Change in resident district due to family move or change in state	Date of change: _____
☐ Change in student's residence due to: ☐ Change in residence from one parent or guardian to another, ☐ Change in the marital status of the student's parents that results in a change in resident district, ☐ Change in guardianship or custody proceeding, ☐ Placement of the child in foster care, or ☐ Adoption	Date of change: _____
☐ Participation in foreign exchange program	Date of participation: _____
☐ Participation in a substance abuse or mental health treatment program that results in a change of residence	Date of participation: _____
☐ Initial placement of preschool student in special education	Date of individualized educational program: _____
☐ Failure of negotiations for reorganization or whole grade sharing	Date of failure: _____
☐ Loss of accreditation or revocation of a nonpublic or charter school contract	Date of loss or revocation: _____
☐ Pervasive harassment or a severe health condition (Please attach any necessary documentation)	Full name of district employee familiar with the student and their situation: _____ Describe the events occurring after March 1 (attach any additional documentation): _____ _____ _____ _____

☐ I certify the information I have provided is true, and I have sent a copy of this form to my resident district and to the district I wish for my child to attend.

Signature of Parent or Guardian: _____

Date Signed: _____

To be completed by the receiving district:

The receiving district has the authority to act on all applications (before or after the deadline) except for those applicants alleging **repeated harassment** or a **severe health need** that cannot be accommodated in the resident district.

☐ Child has an IEP

- If yes, date of consultation with the resident district and area education agency: _____

Date application was received: _____ **The application is:** ☐ **Approved** ☐ **Denied**

Approved	Denied
Receiving District Superintendent Signature: _____ Date Signed: _____	Receiving District Superintendent Signature: _____ Date of Receiving District School Board Action: _____ Indicate reason for denial (select one): ☐ Application filed late with no good cause. ☐ Insufficient classroom space. ☐ Student under suspension or expulsion. ☐ Appropriate special education program not available.

To be completed by the resident district:

The resident district is acting on this application for the following reason(s):

- ☐ Student alleges pervasive harassment that began or escalated after deadline.
- ☐ Student has a severe health condition that began or escalated after deadline.
- ☐ Application filed late with no good cause.

Date application was received: _____ **The application is:** ☐ **Approved** ☐ **Denied**

Approved	Denied
Resident District Superintendent Signature: _____ Date Signed: _____	Resident District Superintendent Signature: _____ Date of Resident District School Board Action: _____ Indicate reason for denial (select one): Does not meet severe health condition criteria. Does not meet pervasive harassment criteria. Application filed late with no good cause.