



**Ankeny Community School District  
Intra-District Open Enrollment Application**

*Application must be submitted between April 1 – May 1 for consideration for following school year.*

**Student Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Request for School Year:** 20 \_\_ - 20 \_\_ **Grade Level:** \_\_\_\_\_

**Parent/Guardian:** \_\_\_\_\_

**Telephone: Home:** \_\_\_\_\_ **Cell:** \_\_\_\_\_ **Work:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Physical Address:** \_\_\_\_\_

**Mailing Address if different from above:** \_\_\_\_\_

**Current Feeder System:** \_\_\_\_\_ **Current Attendance Center:** \_\_\_\_\_

**Feeder System Requested:** \_\_\_\_\_ **Attendance Center Requested:** \_\_\_\_\_

**Reason for Request:**

- Student has filed a bona fide harassment and bullying complaint
- Family members attending in another attendance center or feeder system if a student meets paragraphs one and/or two.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

***Office Use Only:***

**Date Received:** \_\_\_\_\_ **Approved:** \_\_\_\_\_ **Denied:** \_\_\_\_\_

***Submit to:***

***Jodie Graham, Director of Human Resources, 306 SW School Street, Ankeny, IA 50023***