



# The Independent School District of Boise City

8169 West Victory Road  
Boise, ID 83709

(208) 854-4000  
FAX (208) 854-4008

## Open Enrollment Continuation Form

School Year: 20\_\_\_\_ - 20\_\_\_\_

Grade: \_\_\_\_\_

School Applying (Presently Attending): \_\_\_\_\_

Student Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Parent/Guardian Information:

Names: \_\_\_\_\_

Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone – Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Work: \_\_\_\_\_ Other: \_\_\_\_\_

Neighborhood/Home School Name: \_\_\_\_\_

### Signature:

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

### Principal Signatures:

Approved  Denied \_\_\_\_\_ Date: \_\_\_\_\_  
Principal, Receiving School

Approved  Denied \_\_\_\_\_ Date: \_\_\_\_\_  
Principal, Neighborhood School

### Superintendent or Area Director's Signature:

Approved  Denied \_\_\_\_\_ Date: \_\_\_\_\_  
Area Director

***"Educating Today For a Better Tomorrow"***

An Equal Opportunity Employer-Educator

