

## Notice of Intent to Enroll

(1) OAR 581-020-0342: A parent must provide notice to the school district in which the parent resides that the parent intends to enroll a student in a virtual public charter school. If more than 3% of the students who reside in the school district are enrolled in a virtual public charter school not sponsored by the district, the district must provide notice that the district: (a) Approves the student for enrollment, OR (b) Does not approve the student for enrollment in the virtual public charter school and provide a copy of this rule AND OAR 581-020-0343 to the student and a list of two or more other online options available to the student.

(2) If a parent does not receive notice of approval OR disapproval from the school district under the rule within 14 days of the parent sending the notice of intent to enroll to the district, the student shall be deemed approved for enrollment by the district.

(3) A parent may appeal a decision of a school district to not approve a student for enrollment to the State Board of Education pursuant to OAR 581-020-0343.

**INSTRUCTIONS TO PARENT/LEGAL GUARDIAN:** Please complete the **STUDENT INFORMATION** portion of this form. FAX or email a copy of the document to your resident school district and to Sheridan AllPrep Academy. Please complete one form for each student you intend to enroll in the virtual public charter school.

**SHAPA Email:** [registrar@sheridanallprep.org](mailto:registrar@sheridanallprep.org) **SHAPA FAX:** 866-758-1982

### STUDENT INFORMATION

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Physical Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ County \_\_\_\_\_

Grade Applying For \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name of Former School \_\_\_\_\_ Name of Resident School District \_\_\_\_\_

Name of Virtual School for Notice of Intent to Enroll: **Sheridan AllPrep Academy**

I confirm that I have given a copy of this form to my Resident School District.

Legal Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

**RESIDENT DISTRICT STAFF** (please email or FAX back to SHAPA within 14-days of receipt)

Email: [registrar@sheridanallprep.org](mailto:registrar@sheridanallprep.org) FAX: 866-758-1982

Student Released  Student Not Released (District has exceeded 3% cap)

Comments: \_\_\_\_\_ District Rep Signature \_\_\_\_\_

### FOR SHAPA OFFICE ONLY

Date document received from Parent \_\_\_\_\_ Date sent from District \_\_\_\_\_