

2021-2022 School Year 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 **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 of FAX back to SHAPA within 14-days of receipt)

Email: 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 _____