

**Decorah Community School District**

**Petition for Enrollment to Mabel-Canton School District**

**\*\*Please return the completed form to the Decorah Community School,  
Central Administration Office, 510 Winnebago Street, Decorah, Iowa 52101, by March 1.  
For questions please call 563-382-4208.\*\***

1. Full Legal Name of Student: \_\_\_\_\_

2. Student Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

3. Student's Current Grade Level: \_\_\_\_\_

4. Parent or Guardian Legal Name(s):

\_\_\_\_\_

5. Parent or Guardian Phone Number(s):

\_\_\_\_\_

6. Parent or Guardian Email Address(es):

\_\_\_\_\_

7. Student's Home Address:

\_\_\_\_\_

8. Is your child currently receiving special education services? Yes or No

9. Is your child currently being evaluated for special education services? Yes or No

10. Is your child currently receiving English Language Learning services? Yes or No

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11. Is your child currently under suspension or expulsion from school? Yes or No

a. If yes, when will the suspension or expulsion be complete? \_\_\_\_\_

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*I certify that the above information is true and correct, and that my student's residence is closer to a Mabel-Canton attendance center than a Decorah attendance center. I further acknowledge that knowingly providing false information on this application will invalidate the application.*

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\_\_\_\_\_  
Parent/Guardian Signature Date

\_\_\_\_\_  
Parent/Guardian Signature Date

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**For Decorah Community School District:**

**For Mabel-Canton Independent School District:**

Date Application was Received: \_\_\_\_\_

Date Application was Received: \_\_\_\_\_

Date of Board Approval: \_\_\_\_\_

Date of Board Approval: \_\_\_\_\_

Date of Board Denial: \_\_\_\_\_

Date of Board Denial: \_\_\_\_\_

If Denied, state reasons for denial: \_\_\_\_\_

\_\_\_\_\_  
Superintendent Date

\_\_\_\_\_  
Superintendent Date

\_\_\_\_\_  
Board President Date

\_\_\_\_\_  
Board President Date