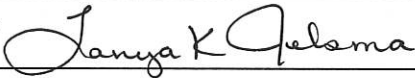


Nebraska Department of Education NDE 25-010 Enrollment Option Program Revised: June 2024 Date Due: March 15 **APPLICATION FOR STUDENT TRANSFER**
NEBRASKA ENROLLMENT OPTION PROGRAM
2026-2027 SCHOOL YEAR

APPLICATION GUIDELINES:

- Between September 1 and March 15, application is to be submitted to the Option School District.
- If after March 15, application **MUST** be accompanied by a **WRITTEN** release (waiver) from an authorized official of the Resident District or **Section 2** must be completed by the resident school district, unless the student relocated after February 1st.

SECTION 1: TO BE COMPLETED BY THE PARENT, LEGAL GUARDIAN, OR STUDENT (if an emancipated minor or age 19 or older) requesting a transfer to attend a school district other than the district of residence.

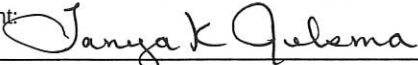
Student Name: (Last, First, M.I.) Pruss, Jaxton D		
Student Birthdate: (mm/dd/yyyy) 3/12/2020	Sex: F ____ M ____ X ____	
Parent/Guardian Name: (Last, First, M.I.) Jelsma, Tanya		
Mailing Address: Street/City/Zip Code 104 E. 14th Street		
Residence Address: Street/City/Zip Code (if different)		
Telephone Number: (home/work/mobile – circle one) 402.922.1878 Mobile	Email: tajustin77@gmail.com	
Expected Grade Level at Time of Enrollment: K <u>1</u> 2 3 4 5 6 7 8 9 10 11 12		
Please check YES or NO to the questions below:		
Does the student require Special Education Services?		YES NO
If Yes, does the student have an Individualized Education Program (IEP)?		X
Is the student a sibling of a current Option student?		X
Has the student attended the Option District for the immediately preceding 2 years?		X
Does the student qualify for free or reduced price lunches?		X
Did the student relocate after February 1?		X
Resident District Name: Wakefield Community Schools	Building Currently Attending: Elementary	
Option District Name: Emerson Hubbard Schools	Building Preference: Elementary	
My signature below acknowledges that I am the person with legal or actual charge or control of the above-listed student, I am completing this Application for Student Transfer pursuant to Sections 79-232 through 79-246 R.R.S., understand enrollment option is available only once to each student prior to graduation unless the option meets one of the exclusion criteria (see note on instructions), and have read the related materials provided on the Department of Education's Enrollment Option Program website at https://www.education.ne.gov/fos/enrollment-option-application-instructions-faqs/		
Signature of Parent: 	Date: 10-7-2026	

SECTION 2: TO BE COMPLETED BY THE RESIDENT SCHOOL DISTRICT (only if this application is submitted by the parent, legal guardian or student after the March 15 deadline, and the student has not relocated after February 1st). **If the student is currently in an option then the option district would be responsible for completing this section.**

TRANSFER**NEBRASKA ENROLLMENT OPTION PROGRAM****2026-2027 SCHOOL YEAR****APPLICATION GUIDELINES:**

- Between September 1 and March 15, application is to be submitted to the Option School District.
- If after March 15, application **MUST** be accompanied by a **WRITTEN** release (waiver) from an authorized official of the Resident District or **Section 2** must be completed by the resident school district, unless the student relocated after February 1st.

SECTION 1: TO BE COMPLETED BY THE PARENT, LEGAL GUARDIAN, OR STUDENT (if an emancipated minor or age 19 or older) requesting a transfer to attend a school district other than the district of residence.

Student Name: (Last, First, M.I.) Jelsma, Everlee E. R.		
Student Birthdate: (mm/dd/yyyy) 12/16/2014	Sex: F ☐ X ☐ M ☐	
Parent/Guardian Name: (Last, First, M.I.) Jelsma, Tanya		
Mailing Address: Street/City/Zip Code 104 E. 14th Street		
Residence Address: Street/City/Zip Code (if different)		
Telephone Number: (home/work/mobile – circle one) 402.922.1878 Mobile	Email: tajustin77@gmail.com	
Expected Grade Level at Time of Enrollment: K 1 2 3 4 5 <u>6</u> 7 8 9 10 11 12		
Please check YES or NO to the questions below:		YES
Does the student require Special Education Services?		NO
· If Yes, does the student have an Individualized Education Program (IEP)?		X
Is the student a sibling of a current Option student?		X
Has the student attended the Option District for the immediately preceding 2 years?		X
Does the student qualify for free or reduced price lunches?		X
Did the student relocate after February 1?		X
Resident District Name: Wakefield Community Schools	Building Currently Attending: Elementary	
Option District Name: Emerson Hubbard Schools	Building Preference: Middle School	
My signature below acknowledges that I am the person with legal or actual charge or control of the above-listed student, I am completing this Application for Student Transfer pursuant to Sections 79-232 through 79-246 R.R.S., understand enrollment option is available only once to each student prior to graduation unless the option meets one of the exclusion criteria (see note on instructions), and have read the related materials provided on the Department of Education's Enrollment Option Program website at https://www.education.ne.gov/fos/enrollment-option-application-instructions-faqs/		
Signature of Parent: 	Date: 10-7-2026	

SECTION 2: TO BE COMPLETED BY THE RESIDENT SCHOOL DISTRICT (only if this application is submitted by the parent, legal guardian or student after the March 15 deadline, and the student has not relocated after February 1st). **If the student is currently in an option then the option district would be responsible for completing this section.**

The Resident School District: Waives the March 15 th deadline.		Does not waive the deadline date. Reason (required):
Name and Title of Authorized Official: <i>Dr. TJ DeTurk</i>		
Signature: <i>[Signature]</i>		Date: <i>10-8-26</i>

Enrollment Application and Instructions - Page 1 of 4

SECTION 3: TO BE COMPLETED BY THE OPTION SCHOOL DISTRICT. Whether approved or denied, send photocopies to the Applicant and the Resident District.

OPTION SCHOOL DISTRICT NAME:		
Date this Application Received:		
County:	County-District Number:	Phone Number:
The Option School District: Approves this application	Denies this application Reason for Denial (required):	
If district approves this application, date student will begin attending Option District: ____/____/____		
Name and Title of Authorized Official:		
Signature:		Date Application Accepted/Rejected

CHANGE OF STATUS

To be completed by an authorized official of the Option District (or parent) when the Option student quits the option, withdraws the application prior to attending or if the Option student's Resident District changes for any reason and the student continues attending the Option District (original resident). **Send photocopies to the Applicant and the Resident District.**

The Status of This Student is Changed for the Following Reason(s):	
☐	Withdrawal of the application prior to attending the present school year.
☐	Cancellation of Enrollment Option during the present school year (Both Superintendents must sign below).
☐	Has completed the grades offered in the Option District.
☐	Attending High School in a district which is affiliated with the resident District.
☐	Discontinuation of school attendance (moved away, deceased, etc.).
☐	Other (Specify):
Date Change of Status:	
New Mailing Address:	
City:	Zip Code:
Telephone Number: (home/work/mobile – circle one)	