

## 2019-2020 APPLICATION FOR IN-DISTRICT STUDENT OPEN ENROLLMENT OR TRANSFER

Please Print and Complete El	ntire Form							
Student Name (Last, First)		Date of Birth		Home Telephone				
Address		City	City		Zip Code			
ParenUGuardian Name	Email Address	•	Work Telephone(s) Mother: Father:	Cell Phone  Mother:  Father:				
School Currently Attending Phor			er	School of Home Attendance Area				
School Requested				Grade Level Fall of 2019				
Do you have a sibling attending another LPS school?				Name of Sibling				
Date residency began in the dis	trict:			ı				
Student of Littleton Public School If Yes, Parent's Name		ation		_				
Reason for Request Indicate code (see bottom of o	aael							
Is the student identified or eligible to receive English language development serv					Yes (	0 No		
Has the student been expelled or dismissed from any school in the past 12 month						0 No		
Does the student have a current 504 plan?  Does the student have a current Individual Education Progra			(IED)2	0	Yes (	0 No 0 No		
Is the student currently being tested for special education placement?				0	Yes	0 No		
Is the student receiving or identified as eligible to receive special education services? 0 Yes 0 No								
If the student is receiving, or has b Program (IEP), the application wi				rices throu	ıgh an Ir	ndividual	Educational	
O Denied 0 Approved	Signature of Director	r ofSpeci	al Education					
If this application is approved, I understand and agree to abide by the following:								
<ol> <li>A request to open enroll/tr school requested above i</li> </ol>		quires s	submission of anotl	ner applic	ation. 1	This also	applies if the	
2. The district is not responsible	e for providing transportation.							
<ol><li>Athletic eligibility is determin Contact the Athletic Director of</li></ol>	ed by the Colorado High Sch of the appropriate school. Add		•	,			tate of Colorado.	
<ol> <li>A request to return to the h Friday following the first day</li> </ol>		nt schoo	I year, must be made	in writing	no late	r than the	esecond	
Signature of Parents/Guardians or Student (if 18 or older)				Date				
/TUIO INICODIMA	Please forward application		•			IO A TION		
	TION IS NEEDED TO PREPAR Open enrollment/transfer r		IAL REPORTS TO TH	E BOARD	OF EDU	JCATION	)	
A - Child Care     B - Conventence     C - Dissatis faction withprevious districUschool     D - Famlfyreasons     E - Fresh start     F - Friendship     G - Health reasons     H - Moved out of attendancearea     I - International Baccalaureate     J - Reputation of LPS	O - Admit from private sc R - Admit from private sc 1 - Academic programs 2 - Athlet,c program 3 - Nonacademic- music technology, etc. 4 - Extracurricular progra	chool . drama,		□ ехр	(dale ool Nobf,ed /erified (date ram/grade le ulsion status a vior detri m	e) eveVschoo I a		