



APPLICATION FOR INTRADISTRICT CHOICE/ OPEN ENROLLMENT AND TRANSFER 2020-2021

Please print:

Student Name (Last, First) \_\_\_\_\_
Date of Birth: \_\_\_\_\_ Home Telephone: \_\_\_\_\_
Home Address: \_\_\_\_\_
City \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_
Parent/Guardian Name: \_\_\_\_\_
Parent Email: \_\_\_\_\_
Work Telephone: Mother: \_\_\_\_\_ Father: \_\_\_\_\_
Cell Phone: Mother: \_\_\_\_\_ Father: \_\_\_\_\_
School Currently Attending: \_\_\_\_\_
School of Home Attendance Area: \_\_\_\_\_
School Requested for Fall: \_\_\_\_\_ Grade Level for Fall 2020: \_\_\_\_\_
Do you have a sibling attending another LPS school? Yes No
If yes, Siblings name: \_\_\_\_\_
Student of Littleton Public Schools Employee? Yes No
If yes, Parent's name: \_\_\_\_\_ Location: \_\_\_\_\_
Is student identified/eligible to receive English Language development services? Yes No
Has the student been expelled/dismissed from any school in the past 12 months? Yes No
Does the student have a current 504 plan? Yes No
Does the student have a current Individual Education Program (IEP)? Yes No
Is the student receiving/identified as eligible to receive special education services? Yes No
Is the student currently being tested for special education placement? Yes No

If the student is receiving, or has been identified as eligible to receive Special Education services through an Individual Educational Program (IEP), the application will require approval by Special Education staff.

Date Denied: \_\_\_\_\_ Date Approved: \_\_\_\_\_
Signature of Director of Special Education: \_\_\_\_\_

If this application is approved, I understand and agree to abide by the following:

1. The district is not responsible for providing transportation.
2. Athletic eligibility is determined by the Colorado High Schools Activities Association, (CHSAA) and the laws of the State of Colorado. Contact the Athletic Director of the appropriate school. Additional information is available at [www.chsaa.org](http://www.chsaa.org).
3. A request to return to the home school, during the current school year, *must be made* in writing no later than the second Friday following the first day of instruction.

*The signature of the student or parent/guardian below signifies that all parties understand and agree to abide by the procedures related to acceptance of nonresident students.*

Signature of Parents/Guardians or Student (if 18 or older): \_\_\_\_\_

Date: \_\_\_\_\_

Reason for Request \_\_\_\_\_

Indicate Code (see list below)

(Codes for reasons for admission request)

A – Child Care	H – Moved out of attendance area	R – Admit from private school
B – Convenience	I – International Baccalaureate	S - Academic Programs
C – Dissatisfaction with previous district	J – Reputation of LPS	T – Athletic Programs
D – Family reasons	O- Dropped out of LPS in prior year	U – Non-academic Programs: i.e. music, drama, technology, etc.
E – Fresh start	Q – Admit from home-study program	V – Extracurricular Programs
F – Friendship		
G – Health Reasons		

**School Use Only**

Accepted: \_\_\_\_\_ Denied: \_\_\_\_\_

Wait List: \_\_\_\_\_

Date: \_\_\_\_\_

Date for Home School Notified: \_\_\_\_\_

Programs/Grade levels/School at capacity: \_\_\_\_\_

Expulsion status: \_\_\_\_\_

Grades: \_\_\_\_\_

Attendance: \_\_\_\_\_

Behavior: \_\_\_\_\_

Parent notified: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Principal: \_\_\_\_\_ Date: \_\_\_\_\_