



**APPLICATION FOR INTERDISTRICT ENROLLMENT OF
NON-RESIDENT STUDENT
2020-2021**

Please Print:

Student Name: (Last, First) _____

Date of Birth: _____ Home Telephone: _____

Address: _____ City: _____ Zip Code: _____

Parent/Guardian Name: _____

Email address: _____

Work Telephone: Mother: _____ Father: _____

Cell Phone: Mother: _____ Father: _____

School Currently Attending: _____

School District Student Would Normally Attend: _____

Name of School in that District: _____ Phone: _____

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 has a current IEP at the most recent school attended, the signature of the parent/guardian acknowledges that the District of Jurisdiction (place of residence) has made available a free appropriate public education for the student. Applications for students receiving special education services 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.

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

School Use Only

Accepted: _____

Denied: _____

Wait List: _____

Date: _____

Programs/Grade levels/School at capacity: _____

Expulsion status: _____

Grades: _____

Attendance: _____

Behavior: _____

Parent notified: _____ Date: _____

Signature of Principal: _____ Date: _____