



2025-2026 APPLICATION FOR ADMISSION OF OPEN ENROLLMENT OR TRANSFER

(Please check one) [ ] IN-DISTRICT [ ] OUT OF DISTRICT

Please print:

Student Name (Last, First) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Home Telephone: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Email: \_\_\_\_\_

Cell Phone: Mother/Guardian: \_\_\_\_\_ Father/Guardian: \_\_\_\_\_

Work Phone: Mother/Guardian: \_\_\_\_\_ Father/Guardian: \_\_\_\_\_

School Currently Attending: \_\_\_\_\_

School of Home Attendance Area: \_\_\_\_\_

School Requested for Fall 2025: \_\_\_\_\_ Grade Level for Fall 2025: \_\_\_\_\_

Do you have a sibling(s) attending another LPS school? \_\_\_\_\_ Name of Sibling(s): \_\_\_\_\_

Student of Littleton Public Schools Employee? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, Parent/Guardian Name: \_\_\_\_\_ Location: \_\_\_\_\_

Has the student been expelled/dismissed from any school in the past 12 months? \_\_\_\_\_ Yes \_\_\_\_\_ No

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

- 1. A request to open enroll/transfer to another school requires submission of another application. This also applies if the school requested above is not approved.
2. The district is not responsible for providing transportation.
3. 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.
4. 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.
5. If, based upon the unavailability of services, enrollment in the requested school would constitute a change of placement for the student, an IEP team will be convened to determine whether the student can receive a free, appropriate, public education in the least restrictive environment at the requested school.
6. Littleton Public Schools does not discriminate on the basis of race, color, national origin, ancestry, creed, age, religion, sex (which includes transgender and gender identity), marital status, sexual orientation, disability, or need for special education services in its programs or activities.

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 resident/nonresident students.

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

Please forward an application to each school for which you are seeking admittance.

Codes for reasons for admission request

A – Child Care  
B – Convenience  
C – Dissatisfaction  
with previous  
district  
D – Family reasons  
E – Fresh start  
F – Friendship  
G – Health Reasons

H – Moved out of  
attendance area  
I – International  
Baccalaureate  
J – Reputation of  
LPS  
O - Dropped out of  
LPS in prior year

Q – Admit from  
home-study  
program  
R – Admit from  
private school  
S - Academic  
Programs  
T – Athletic  
Programs

U – Non-academic  
Programs: i.e.  
music, drama,  
technology, etc.  
V – Extracurricular  
Programs

**School Use Only**

Admitted: \_\_\_\_\_

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

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

Reason for Denial:

\_\_\_\_\_ Program/Grade Level/School at Capacity  
\_\_\_\_\_ Expulsion Status  
\_\_\_\_\_ Grades  
\_\_\_\_\_ Attendance  
\_\_\_\_\_ Behavior

Parent Notified of Admission by (Name): \_\_\_\_\_ Date: \_\_\_\_\_

Home School Notified of Enrollment (Name): \_\_\_\_\_ Date: \_\_\_\_\_

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