LITTLETON PUBLIC SCHOOLS

2024-2025 ~ INTENT TO RENEW OPEN ENROLLMENT

The Board of Education supports opportunities for choice of schools and welcomes intradistrict and interdistrict choice for students according to guidelines established in Policies JFBA and JFBB. Open enrolled students wanting to continue at the same school next year must complete an "Intent to Renew" form annually. The "Intent to Renew" form must be returned to the school no later than January 13, 2024. Open enrolled students must reapply at level changes. (elementary school to middle school and middle school to high school).

Please Print:

Student Name (Last, First): _____

Date of Birth: _____

Home Telephone: _____

Address: _____ City: _____ Zip Code: _____

Parent/Guardian Name: _____

Parent/Guardian Email:

_____

Work Telephone: Mother/Guardian: _____ Father/Guardian: _____

Cell Phone: Mother/Guardian: _____ Father/Guardian: _____

School Currently Attending: _____

School District Student Would Normally Attend: _____

Name of School in that District: _____

School Requested for Fall: _____ Grade Level for Fall 2024: _____

By submitting this Intent to Renew Enrollment Form, I understand and agree to abide by the following:

1. The district is not responsible for providing transportation
2. The student has remained in good standing through adherence to expectations for grades, attendance, behavior and academic effort as described in Policies JFBA and JFBB.
3. The District reserves the right to rescind previously approved enrollment under circumstances defined in Policies JFBA and JFBB.

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 open enrolled students.

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

Date: _____

For School Use Only

This student is in good standing and open enrollment will be continued for the next school year.

___Yes __ No *(If no, the previously approved open enrollment has been rescinded by the District per Board Policy JFBA or JFBB.)*

Signature of Principal: _____ Date: _____