



2023-2024 ~ 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 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 2023: _____

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's Name: _____ Location: _____

Has the student been expelled/dismissed from any school in the past 12 months? _____

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 application to the school you wish to attend.

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:

_____ Program/Grade level/School at capacity, _____ Expulsion status, _____ Grades, _____ Attendance, _____ Behavior

Parent notified : _____ (Y or N) Date: _____

Home School Notified by: _____ (Y or N) Date: _____

Signature of Principal: _____

Date: _____