



2021-2022 ~ APPLICATION FOR ADMISSION OF IN-DISTRICT OPEN ENROLLMENT OR TRANSFER

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 2021: \_\_\_\_\_

Do you have a sibling attending another LPS school? \_\_\_\_\_ Siblings name: \_\_\_\_\_

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

If yes, Parent's Name: \_\_\_\_\_ Location: \_\_\_\_\_

Is student identified or eligible to receive English Language development services? \_\_\_\_\_ Yes \_\_\_\_\_ No

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

Does the student have a current 504 plan? \_\_\_\_\_

Does the student have a current Individual Education Program (IEP)? \_\_\_\_\_

Is the student receiving or identified as eligible to receive special education services? \_\_\_\_\_

Is the student currently being tested for special education placement? \_\_\_\_\_

If the student as 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.

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

Signature of Director of Special Education: \_\_\_\_\_

If this application is approved, 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](http://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.

*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: \_\_\_\_\_

**Please forward application to the school you wish to attend.**

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

**School Use Only**

Accepted: \_\_\_\_\_ Date: \_\_\_\_\_ Wait List: \_\_\_\_\_

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

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

\_\_\_\_\_ Program/Grade level/School at capacity

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

\_\_\_\_\_ Grades

\_\_\_\_\_ Attendance

\_\_\_\_\_ Behavior

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

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