

2019–2020 APPLICATION FOR IN-DISTRICT STUDENT OPEN ENROLLMENT OR TRANSFER

| Please Print and Complete En | tire Form | | | | | | |
|---|---|--|---------|------------------------------------|---|------------------------------------|---------------------------------------|
| Student Name (Last, First) | | Date of Birth | | | Home Telephone | | |
| Address | | City | | | Zip Code | | |
| Parent/Guardian Name | Email Address | Wo | Mother: | | | | |
| School Currently Attending | Father: School | | | Father: ol of Home Attendance Area | | | |
| Cabaal Daniel | | | | | | | |
| School Requested | Grade | | | le Level Fall of 2019 | | | |
| Do you have a sibling attending another LPS school? | | | | Name of Sibling | | | |
| Date residency began in the district: | | | | | | | |
| Student of Littleton Public Schools Employee? | | | | | | | |
| If Yes, Parent's Name Location | | | | | | | |
| Reason for Request Indicate code (see bottom of page) | | | | | | | |
| | | | | | v | | <u> </u> |
| Is the student identified or eligible to receive English language development services? | | | | | | | |
| Has the student been expelled or dismissed from any school in the past 12 months? Does the student have a current 504 plan? Yes Does Does Does Does Does Does Does Do | | | | | | 87.107 | |
| | | | 400.00 | | Yes Yes | | |
| Does the student have a current Individual Education Program (IEP)? Is the student currently being tested for special education placement? | | | _ | | | | |
| Is the student currently being tested for special education placement? Is the student receiving or identified as eligible to receive special education services? Yes No | | | | | | | |
| If the student is receiving, or has been identified as eligible to receive Special Education services through an Individual Educational Program (IEP), the application will require approval by Special Education staff. | | | | | | | |
| ☐ Denied | 0: | | 25 880 | | | | |
| ☐ Approved | | ature of Director of Special Education | | | | | |
| If this application is approved, I understand and agree to abide by the following: | | | | | | | |
| 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. | | | | | | | |
| 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. | | | | | | | |
| 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. | | | | | | | |
| Signature of Parents/Guardia | | | | | | | |
| Please forward application to the school you wish to attend. | | | | | | | |
| (THIS INFORMATION IS NEEDED TO PREPARE ANNUAL REPORTS TO THE BOARD OF EDUCATION) Codes for reasons for open enrollment/transfer request | | | | | | | |
| A — Child Care B — Convenience C — Dissatisfaction with previous district/school D — Family reasons E — Fresh start F — Friendship G — Health reasons H — Moved out of attendance area I — International Baccalaureate J — Reputation of LPS | Q — Admit from home-stu R — Admit from private st 1 — Academic programs 2 — Athletic program 3 — Nonacademic—musi technology, etc. 4 — Extracurricular progra | c, drama, | | ☐ e: | (dai pol Notified Verified (dat rogram/gra xpulsion sta ehavior def | te) de leve atus trimenta | el/school at capacity al to others |