



**2022-2023 ~ APPLICATION FOR ADMISSION OF  
NON-RESIDENT STUDENT**

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

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

Email address: \_\_\_\_\_

Work Telephone: Mother: \_\_\_\_\_ Father: \_\_\_\_\_

Cell Phone: Mother: \_\_\_\_\_ Father: \_\_\_\_\_

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

School District Student Would Normally Attend: \_\_\_\_\_

Name of School in that District: \_\_\_\_\_ Phone: \_\_\_\_\_

School Requested for Fall: \_\_\_\_\_ Grade Level for Fall 2022: \_\_\_\_\_

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/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 currently being tested for special education placement? \_\_\_\_\_

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

*If the student has 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. The district is not responsible for providing transportation
2. 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)

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

**School Use Only**

Accepted: \_\_\_\_\_ Date: \_\_\_\_\_

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

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

Programs/Grade levels/School at capacity: \_\_\_\_\_

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

Grades: \_\_\_\_\_

Attendance: \_\_\_\_\_

Behavior: \_\_\_\_\_

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

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

CC: Special Education Level Coordinator