

LITTLETON ELEMENTARY SCHOOL DISTRICT #65
Attendance Area Variance Application

Student's Name _____ Date _____

Current Grade _____ Birthdate _____ Home Phone _____

Parent / Legal Guardian's Name _____

Home Address _____

Work Phone _____ Message/cell phone _____

The above-named student resides outside the School District resides within the School District
 is a child of a current employee or is currently on open enrollment - how many years? _____

PRESENT SCHOOL OF ATTENDANCE

School _____ District _____

City _____ County _____

Request Assignment to _____

Briefly state your reason for applying to this school:

Is the above named student:

- | | |
|---|--|
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Expelled or long-term suspended from any school or school district? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Currently subject to expulsion or long-term suspension from a school or school district? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | In compliance with conditions imposed by a juvenile court? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | In compliance with a condition of disciplinary action in any school or school district? |

Note: The following conditions apply to the attendance area variance program:

1. Meets eligibility criteria for attendance & citizenship.
2. Enrollment is subject to the capacity limit established for the school and/or its grade levels.
3. On or before the 5th day of school for the school year requested following the application submittal. The parent or legal guardian will be notified in writing whether the application has been accepted or rejected.
4. No district transportation will be provided.
5. Providing false information on this form may result in the application being denied or admission being revoked.
6. Complete enrollment application within five days of receipt of notification of acceptance.

I affirm that my child will abide by the rules, standards, and policies of the school and the District if enrolled.

Signature of parent or legal guardian _____ Date _____

For Office Use only

SAIS ID Number _____ Date of request _____
Application Accepted Rejected Placed on Waiting List Renewal

Reason for rejection: _____

Principal signature: _____ Date: _____

Copies sent to applicant and Assistant Superintendent's office- Sent by: _____

Date letter sent to parent _____