

LITTLETON ELEMENTARY SCHOOL DISTRICT #65
Open Enrollment Attendance Application for 2023-24 School Year

Please complete the application and submit it to the District office.

Student's Name _____ Date _____

Current Grade (2022-23 school year) _____ Birthdate _____ Home Phone _____

Parent / Legal Guardian's Name _____

Home Address _____

Work Phone _____ Message/cell phone _____

PLEASE COMPLETE:

Verify that the child resides outside of the Littleton Elementary School District. Yes No

Is this a child of a current employee? Yes No

Is the child currently on open enrollment? Yes No How many years? _____

CURRENT SCHOOL OF ATTENDANCE IN 2022-23 SCHOOL YEAR

School _____ District _____

City _____ County _____

Requested School _____

Briefly state your reason for applying to this school:

Is the above named student:

Yes No Expelled or long-term suspended from any school or school district?

Yes No Currently subject to expulsion or long-term suspension from a school or school district?

Yes No N/A In compliance with conditions imposed by a juvenile court?

Yes No N/A In compliance with a condition of disciplinary action in any school or school district?

Note: The following conditions apply to the open-enrollment program:

1. An Open Enrollment application must be completed and submitted on/or before March 31.
2. Enrollment is subject to the capacity limit established for the school and/or its grade levels.
3. On/or before May 15, 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. If application is accepted, parents must confirm registration or continued enrollment with the school office by June 1st.

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 _____

Executive Director of School Support: _____ Date: _____

Date letter sent to parent _____