



P.O. BOX 3399, IDAHO SPRINGS, COLORADO 80452  
PHONE: 303-567-3850 FAX: 303-567-3861

**JFBA-E**

**APPLICATION/REGISTRATION FORM**

**OPEN ENROLLMENT FOR OUT OF DISTRICT STUDENTS**

We would appreciate your completing this form in its entirety. Renewal applications must be received by the last day of school of the current school year. Registration for new applications must occur before October 1st of the year for which you are requesting enrollment. Admittance will depend on space available in the building and classes the student wishes to take. Determination will be made by the Building Principal and the Superintendent of Schools. Transportation routes will not be adjusted to meet the need of the out of district student. Student(s) may, however, ride existing routes. NO extensions of bus routes will be considered

I request permission to change schools for the \_\_\_\_\_ school year for the following student(s):

Student's name: \_\_\_\_\_

Address: \_\_\_\_\_

Home/Best Phone: \_\_\_\_\_

Parent(s) Name(s): \_\_\_\_\_

Grade student will be entering the NEXT school year: \_\_\_\_\_

School student wants to attend: \_\_\_\_\_

School student attending this year: \_\_\_\_\_

School student would normally attend under regular boundary restrictions: \_\_\_\_\_

Has student been denied admission to present district or another district based on disciplinary actions?  
\_\_\_\_\_

Is student presently or in the past received special education services: \_\_\_\_\_  
If yes, what type? *Please explain on the backside of this sheet.*

I acknowledge that I have received a copy of the Student Admission Policy and understand its provisions, and I agree to the terms and condition as outlined

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Building Principal's Signature

\_\_\_\_\_  
Superintendent's Signature