



Manitou Springs High School

401 El Monte Place
Manitou Springs, CO 80829
719-685-2074 Fax: 719-685-4755
www.mssd14.org

At the Foot of Pikes Peak

Glenn Hard
Principal

Dear Applicant:

Thank you for your interest in Manitou Springs High School. In order to be included on the current waiting list, you must return the following items to Mr. Hard at Manitou Springs High School:

- ☐ Out of District Choice *Student* Application (attached)
- ☐ District School of Choice Application (attached)
- ☐ Student Registration Form (attached)
- ☐ Transcript
- ☐ Discipline Records
- ☐ Attendance Records
- ☐ Immunization Records
- ☐ Proof of \$0.00 balance from previous school.

We will review your application packet upon receipt. At that time you will be asked to come in with your parents for an interview.

Sincerely,

Glenn Hard
Principal



Manitou Springs High School
MANITOU SPRINGS SCHOOL DISTRICT 14
Relationships ★ Rigor ★ Opportunity

Out of District Choice *Student* Application

Name: _____ Grade: _____

Date: _____

Why do you want to be a student at Manitou Springs High School?

Describe at least two academic and personal accomplishments.



Manitou Springs High School
MANITOU SPRINGS SCHOOL DISTRICT 14
Relationships ★ Rigor ★ Opportunity

Out of District Choice *Student* Application

How do you plan to get involved at Manitou Springs High School?

Describe your plan for academic success at Manitou Springs High School.

Comments:



Manitou Springs School District 14 Choice Open Enrollment Application

Applying for School Year _____

Student Name: _____ Date: _____

Birth Date: _____ Entry Grade: _____ Gender: ☐ Male ☐ Female

Printed Name of Parent/Guardian: _____

Residence Address: _____ City: _____ Zip: _____

Daytime Phone #: _____ Evening Phone #: _____

Mailing Address: _____ Email Address: _____
(if different from above)

Requested School: ☐ Ute Pass Elementary (UPES) ☐ Manitou Springs Elementary (MSES)
☐ Manitou Springs Middle School (MSMS) ☐ Manitou Springs High School (MSHS)
Athlete (grades 9-12) ☐ yes ☐ no

Student is currently attending: School _____ District: _____

Current School Address: _____

Student's School of Residence: _____

Reason for request: _____

My student has been considered for, has received, or is currently receiving the following services:

☐ Special Education/IEP ☐ Gifted/Talented ☐ ESL ☐ RTI (Response to Intervention)
☐ READ Act Plan ☐ Title I (Reading or Math) ☐ 504 Services

My student has ☐ has not ☐ been suspended or expelled from another school district or private school within the past 12 months, nor has he/she engaged in conduct within the past 12 months that was detrimental to the safety or welfare of another student or school personnel.

Please list other siblings:

Name: _____ School: _____ Grade: _____ ☐ application pending ☐ currently attending

Name: _____ School: _____ Grade: _____ ☐ application pending ☐ currently attending

Name: _____ School: _____ Grade: _____ ☐ application pending ☐ currently attending

Student Last Name: _____ First: _____ MI _____

I understand and accept the following conditions if this application request is granted:

1. This approved Choice Open Enrollment application will be valid for attendance at the requested school for one academic year only and that each year I must reapply for admission. My approved Choice Open Enrollment for one level (e.g. elementary, middle, or high) does not guarantee an approved Choice Open Enrollment at the next level. Before considering requests for admission of new non-residents, priority shall be given to resident students and returning non-resident students, upon approval.
2. Approval of this request is based upon the space available in the receiving school and the resources available to serve your child.
3. I understand that transportation to and from school will be my responsibility. District transportation is not provided.
4. The district's decision as to whether to accept my child's enrollment is dependent upon my truthful response to all questions asked herein. Therefore, if my child is granted permission to enroll in the District, it shall be on a conditional basis; and in the event the District should subsequently determine that one or more answers provided were untruthful, with respect to denial reasons in #2 and #5, the District in its sole discretion may revoke this conditional admission.
5. Manitou Springs School District 14 has the right to deny admission to any student that has been expelled from this or any other district in the last 12 months, or who has been expelled as a habitually disruptive student or for a serious violation necessitating mandatory expulsion, or has behaved in a manner that is detrimental to the welfare or safety of other pupils or of school personnel (C.R.S. 2-33-106(1) (c.5) (d), (1.2)F. (C.R.S. 22-36-101 (3) a-e).

Manitou Springs School District 14 is committed to a policy of nondiscrimination in relation to disability, race, creed, color, sex, sexual orientation, transgender status, gender identity, gender expression, national origin, religion, ancestry, age, and protected activity. Any harassment/discrimination of students and/or staff, based on the aforementioned protected areas, will not be tolerated and must be brought to the immediate attention of the school principal or MSSD14 administration.

I understand and accept the conditions listed above.

Parent / Guardian signature

Date

Refer to MSSD14 Board of Education Policy JFBA/JRBB and associated regulation JFBA/JFBB-R for more information

For Office Use Only

Date Received _____ By _____

Approved ☐ Denied ☐ Reason _____

Denial letter sent _____

Choice Enrollment expiration date _____

Principal Signature / Date

MANITOU SPRINGS SCHOOL DISTRICT 14

NEW STUDENT ENROLLMENT

School Year: _____ Name (Last, First, Middle): _____

Has student attended Manitou Springs School District in the past? No ☐ Yes ☐ If Yes, Grade/Year: _____

Date of Birth (mm/dd/yyyy): _____ Gender: M ☐ F ☐ Grade: _____

Primary Phone Number (xxx-xxx-xxxx): _____ Enrollment (Start) Date: _____

Choice Student: No ☐ Yes ☐ If Yes, District of Residence: _____

Siblings in District (Name/Grade): _____

FEDERAL RACE AND ETHNICITY

ETHNICITY: Is student Hispanic or Latino? Yes ☐ No ☐

RACE: In addition, please select one or more of the following racial categories to describe student:

White ☐ Black or African American ☐ Asian ☐

American Indian or Alaska Native ☐ Native Hawaiian /Other Pacific Islander ☐

PREVIOUS SCHOOL INFORMATION

Name of School: _____ Name of District: _____

Phone (xxx-xxx-xxxx): _____ Date of Withdrawal: _____

City, State, Zip Code: _____

Student retained at any time? No ☐ Yes ☐ If Yes, Grade: _____

Date first began public or non-public schooling in the US (mm/dd/yyyy): _____

SPECIAL PROGRAMS

Please check if student has received services for any of the following programs and provide a copy of any documentation that you may have for these programs.

☐ Special Education (Including Speech/Language)

☐ Gifted and Talented

☐ Title 1 Reading/Math

☐ IEP

☐ 504 Plan

☐ Other Services Plan

Office Use Only: If any of the above special programs are checked, please make a copy and send to appropriate staff member within the building for further inquiry.

Manitou Springs School District 14

Student Information Form

Name (Last, First, Middle): _____ School Year: _____

Date of Birth (mm/dd/yyyy): _____ Gender: M _____ F _____ Grade: _____

Choice Student: No _____ Yes _____ If Yes, District of Residence: _____

Date began public schooling in Colorado (mm/dd/yyyy): _____

Home Address: _____

Street

City

State

Zip Code

Mailing Address (If different): _____

Street

City

State

Zip Code

Primary Phone #1: _____ Primary Phone #2: _____

Please enter the phone # (xxx-xxx-xxxx) where notifications of school delays and closures are to be sent. Enter 2nd # if applicable.

Primary Email #1: _____ Primary Email #2: _____

Please enter the email where notifications such as school functions, delays and closures are to be sent. Enter 2nd email if applicable.

FATHER

Father Name (Last, First): _____

Phone: Work/Day: _____ Home: _____ Cell: _____

Employer: _____

Email: _____

MOTHER

Mother Name (Last, First): _____

Phone: Work/Day: _____ Home: _____ Cell: _____

Employer: _____

Email: _____

LEGAL GUARDIAN (other than parent)

(If student has a step-parent they are living with, please enter their information here.)

Name (Last, First): _____ Relationship: _____

Phone: Work/Day : _____ Home: _____ Cell: _____

Email: _____

Student Name (Last, First): _____



LIVING AND CUSTODY ARRANGEMENTS

Single Parent Household? Yes _____ No _____ Lives With: _____

Custody/Guardianship: _____

Parent/Guardian Not Living With Student Who Needs Mailings

Name (Last, First): _____ Relationship: _____

Address: _____

Street

City

State

Zip Code

Phone: Work/Day: _____ Home: _____ Cell: _____

Email: _____

EMERGENCY CONTACTS

Someone other than listed on previous page. Please list in order of contact.

Emergency 1 (Last, First): _____ Relationship: _____

Phone: 1st : _____ 2nd: _____ 3rd: _____

Emergency 2 (Last, First): _____ Relationship: _____

Phone: 1st : _____ 2nd: _____ 3rd: _____

Emergency 3 (Last, First): _____ Relationship: _____

Phone: 1st : _____ 2nd: _____ 3rd: _____

Emergency 4 (Last, First): _____ Relationship: _____

Phone: 1st : _____ 2nd: _____ 3rd: _____

In case of a US HWY 24/Ute Pass road closure, please specify an adult that your student has permission to go home with (if applicable): Name: _____

Phone: _____ Email: _____

Transportation Information: Walk _____ Bus _____ Drive _____ Other _____

If student rides the bus, please specify the bus route, number and stop. Route _____ # _____ Stop _____

The McKinney Vinto Act requires schools to help support homeless children. Would you like us to send McKinney Vinto materials? Yes _____ No _____

Bus schedule and additional district and school information are available online at www.mssd14.org