

## Manitou Springs School District 14 Choice Re-Enrollment Application

Applying for School Year	

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For currently e	nrolled Cho	oice Students

Student Name:	Date:			
Birth Date: Grade Next Year:	Gender:	☐ Male ☐ Female		
Printed Name of Parent/Guardian:				
Residence Address:	City:	Zip:		
Daytime Phone #: Evening Phone #:				
Mailing Address: Email Address:	ess: Email Address:			
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Attending School: Ute Pass Elementary (UPES)	☐ Manitou Spring	gs Elementary (MSES)		
Manitou Springs Middle School (MSMS)	Manitou Spring	gs High School (MSHS)		
My student has been considered for, has received, or is currently receiving the following services:				
☐ Special Education/IEP ☐ Gifted/Talented ☐ ESL ☐ READ Act Plan ☐ Title I (Reading or Math)	RTI (Respo	onse to Intervention)		
I hereby certify that I, the undersigned, am the parent or legally appointed guardian of the above named student. I am familiar with the School Board policies <i>JFBA/JRBB</i> and associated regulation <i>JFBA/JFBB-R</i> regarding out of district students. I understand that approval for enrollment is for one academic year only and that each year I must re-apply for admission. Before considering requests for admission of new non-residents, priority shall be given to resident students and returning non-resident students, upon approval.				
Parent / Guardian signature	Date			
For Office Use Only  Date Received By  Approved Denied Reason	Denial letter sent Choice Enrollment e	xpiration date		