



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