

## School of Choice Application Manitou Springs District 14

Name of student: \_\_\_\_\_ Date \_\_\_\_\_

Birth date: \_\_\_\_\_ Grade entering: \_\_\_\_\_ In School Year: \_\_\_\_\_

School requested:      \_\_\_\_\_ Ute Pass Elementary                      \_\_\_\_\_ Manitou Springs Elementary  
                                  \_\_\_\_\_ Manitou Springs Middle School                      \_\_\_\_\_ Manitou Springs High School

Reason for request: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Current school: \_\_\_\_\_

Name

Address

My student currently receives the following special services: \_\_\_\_\_ Special Education      \_\_\_\_\_ Gifted/Talented  
                                  \_\_\_\_\_ 504 Services                      \_\_\_\_\_ Title I (reading and/or math services)                      \_\_\_\_\_ ESL

My student has \_\_\_\_\_ has not \_\_\_\_\_ been 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.

I heard about MSSD#14 through (circle all that apply): Friends/relatives      MSSD#14 Website      CDE Website  
                                  An MSSD#14 parent/student      An MSSD#14 Employee      Choose Manitou District 14 Night  
                                  Newspaper articles      Other: \_\_\_\_\_

I hereby certify that I, the undersigned, am the parent or legally appointed guardian of the above named student. I am familiar with Board Policy JFBAA (attached) and with District 14 guidelines (attached) 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 nonresident students, priority shall be given to resident students and returning non-resident students.

This application form must be filed with the Principal of the school that I am requesting by the dates given in II.F. of the guidelines in order for my child to be considered for enrollment in the following academic year. The Principal will notify me, by phone or letter, of approval or disapproval for admission, no later than the dates given in II.G of the guidelines. If program or classroom space is not available at the time of notification, my child will be placed on a waiting list for that class or program. I further understand that if the School District admits the above named student, it is doing so on a conditional basis, and is relying upon truthful and accurate information supplied by me, and that if in the event the School District subsequently determines that the information provided by me was not truthful or accurate, the School District may revoke its conditional admission of the student, even if the student has already begun taking classes in the School District.

\_\_\_\_\_  
 Printed/typed name of parent/guardian

\_\_\_\_\_  
 Mailing address                                      City                                      State                                      Zip

**Office Use Only  
 Date Received**

\_\_\_\_\_  
 Residence Address                                      City                                      State                                      Zip

\_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
 Telephone number                                      Email

\_\_\_\_\_  
 Signature    Date