

# School of Choice Application Manitou Springs District 14

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

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

School to attend: \_\_\_\_\_ 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 services: \_\_\_\_\_ Special Education \_\_\_\_\_ Gifted/Talented  
 \_\_\_\_\_ 504 Services \_\_\_\_\_ Title I (reading and/or math services) \_\_\_\_\_ ESL

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.

I heard about MSSD14 through (circle all that apply): Friends/relatives \_\_\_\_\_ MSSD14 Website \_\_\_\_\_ CDE Website \_\_\_\_\_  
 An MSSD14 parent/student \_\_\_\_\_ An MSSD14 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 non-resident students, priority shall be given to resident students and returning non-resident students, upon approval.**

This application form must be filed with the Principal of the school you are requesting by the dates given in II.F of the guidelines in order for your child to be considered for enrollment in the following academic year. The Principal will notify you, 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, your child will be placed on a waiting list for that class or program. Please 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 you, and that if in the event the School District subsequently determines that the information provided by you 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

Office Use Only Date Received ____/____/____
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\_\_\_\_\_  
 Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

\_\_\_\_\_  
 Telephone Number \_\_\_\_\_ E-mail Address \_\_\_\_\_

\_\_\_\_\_  
 Signature \_\_\_\_\_ Date \_\_\_\_\_

**Approved by:** \_\_\_\_\_