



**LITTLETON ELEMENTARY SCHOOL DISTRICT #65**  
**Attendance Area Variance Application 2024-2025**  
(Please Print Clearly)

Requesting for School Year:		Grade Level:	
Student's Name:		DOB:	
Parent / Legal Guardian's Name:		Email:	
Message/cell phone:		Home Phone:	
Home Address:		City, ST, Zip:	
Student resides outside Littleton Elementary School District <input type="checkbox"/> YES <input type="checkbox"/> NO		<b>Home School:</b>	
Is the student a child of a current employee?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
How many years has the student been attending on a variance:			

<b>CURRENT SCHOOL OF ATTENDANCE DETAILS</b>		Charter <input type="checkbox"/> YES <input type="checkbox"/> NO (check one)	
Current School:		Current School District:	
City:		County:	

**Check Requested School Assignment:**

<input type="checkbox"/> BUSINESS <b>Collier</b>	<input type="checkbox"/> LEADERSHIP <b>Country Place</b>	<input type="checkbox"/> STEM - Engineering <b>Estrella Vista</b>	<input type="checkbox"/> ARTS <b>Fine Arts</b>	<input type="checkbox"/> ONLINE <b>LESD Online</b>
<input type="checkbox"/> STEM – Computer Science <b>Littleton</b>	<input type="checkbox"/> STEM - Health Sciences <b>Quentin</b>	<input type="checkbox"/> SERVICE <b>Tres Rios</b>	<input type="checkbox"/> IB <b>Lakin Prep</b>	

Does the student have a sibling(s) attending this School? ☐ YES ☐ NO

If yes, please list name(s)/grade(s): \_\_\_\_\_

Briefly state request for applying to this school: \_\_\_\_\_

**Is the above named student:**

Expelled or long-term suspended from any school or school district?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Currently subject to expulsion or long-term suspension from a school or school district?	<input type="checkbox"/> Yes <input type="checkbox"/> No
In compliance with conditions imposed by a juvenile court?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
In compliance with a condition of disciplinary action in any school or school district?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

**Note: The following conditions apply to the attendance area variance program:**

1. Student meets eligibility criteria for attendance, conduct and academic progress.
2. There are openings in the desired program at the time of application
3. The family is responsible for getting students to and from school. No District transportation will be provided
4. A complete enrollment application must be on file, including request for records, submitted with the variance application.
5. The District will make every attempt to notify families of acceptance or rejection within 5 days or the receipt of records.
6. Providing false information on this form may result in the application being denied or admission being revoked.

I affirm that my child will abide by the rules, standards, and policies of the school and the District if enrolled.

\_\_\_\_\_  
Signature of parent or legal guardian

\_\_\_\_\_  
Date

**For Office Use only**

State ID Number: \_\_\_\_\_ Perm ID: \_\_\_\_\_ Date of request: \_\_\_\_\_

Application Status: ☐ Accepted ☐ Rejected ☐ Placed on Waiting List ☐ Renewal

Reason for rejection: \_\_\_\_\_

Executive Director of School Support: \_\_\_\_\_ Date: \_\_\_\_\_

Copies sent to applicant and School Support Office - Sent by: \_\_\_\_\_

Date letter sent to parent: \_\_\_\_\_