

**LITTLETON ELEMENTARY SCHOOL DISTRICT #65**  
**Open Enrollment Attendance Application for 2024-25 School Year**

*Please complete the application and submit it to the District office.*

Student's Name \_\_\_\_\_ Date \_\_\_\_\_

Current Grade (2023-24 school year) \_\_\_\_\_ Birthdate \_\_\_\_\_ Home Phone \_\_\_\_\_

Parent / Legal Guardian's Name \_\_\_\_\_

Home Address \_\_\_\_\_

Work Phone \_\_\_\_\_ Message/cell phone \_\_\_\_\_

**PLEASE COMPLETE:**

Verify that the child resides outside of the Littleton Elementary School District. Yes ☐ No ☐

Is this a child of a current employee? Yes ☐ No ☐

Is the child currently on open enrollment? Yes ☐ No ☐ How many years? \_\_\_\_\_

**CURRENT SCHOOL OF ATTENDANCE IN 2023-24 SCHOOL YEAR**

School \_\_\_\_\_ District \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_

Requested School \_\_\_\_\_

*Briefly state your reason for applying to this school:*

\_\_\_\_\_

Is the above named student:

☐ Yes ☐ No Expelled or long-term suspended from any school or school district?

☐ Yes ☐ No Currently subject to expulsion or long-term suspension from a school or school district?

☐ Yes ☐ No ☐ N/A In compliance with conditions imposed by a juvenile court?

☐ Yes ☐ No ☐ N/A In compliance with a condition of disciplinary action in any school or school district?

*Note: The following conditions apply to the open-enrollment program:*

1. An Open Enrollment application must be completed and submitted.
2. Enrollment is subject to the capacity limit established for the school and/or its grade levels.
3. The parent or legal guardian will be notified in writing whether the application has been accepted or rejected.
4. No district transportation will be provided.
5. Providing false information on this form may result in the application being denied or admission being revoked.
6. If application is accepted, parents must confirm registration or continued enrollment with the school office.

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

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For Office Use only

SAIS ID Number \_\_\_\_\_ Date of request \_\_\_\_\_

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

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