

# OPEN ENROLLMENT/NON-RESIDENT APPLICATION

St Vrain Valley School District RE-1J

*Please refer to JFBA and JFBA-R prior to filling out this form.*

*Transportation for open enrollment/non-resident students is the responsibility of the parent/guardian.*

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Please print legibly in ink, one application per student

## STUDENT INFORMATION

Student's Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Student ID # \_\_\_\_\_

Parent's Name \_\_\_\_\_ Parent's Phone # \_\_\_\_\_

Address \_\_\_\_\_ City, Zip \_\_\_\_\_

Parent's Email Address \_\_\_\_\_

Do you live in St Vrain Valley School District?    Y    N    If not, what school district? \_\_\_\_\_

If yes, in what school attendance area do you reside? \_\_\_\_\_

(See <http://www.stvrain.k12.co.us/boundaries/#map> if unknown)

Is student eligible for special education services?    Y    N    If so, what services? \_\_\_\_\_

Does student have a 504 Plan?    Y    N    School records are at (school and/or district): \_\_\_\_\_

## DESIRED SCHOOL INFORMATION

Requested School \_\_\_\_\_ For School Year \_\_\_\_\_

What grade will your child be in? \_\_\_\_\_ If Kindergarten, choose (circle)    Full    or    Part Time

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

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*For school use only – do not write below line*

Date Rec'd \_\_\_\_\_

Approved     Denied    Reason for denial \_\_\_\_\_

Receiving Principal \_\_\_\_\_ Date \_\_\_\_\_