

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.

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 _____

For school use only – do not write below line

Date Rec'd _____

Approved Denied Reason for denial _____

Receiving Principal _____ Date _____