



OUT-OF-DISTRICT APPLICATION ENROLLMENT FORM
Regulated by Board Policy JFBB/JFBB-R: Inter-district choice/open enrollment
All out-of-district resident students must reapply annually.

Date of Application: _____

Student Name FIRST: _____ MIDDLE: _____ LAST: _____

Student's Date of Birth: ____/____/____ Gender ___ Male ___ Female

Home Mailing Address: _____

Physical Address of Residence (must be provided if mailing address is a P.O. Box):

Home Ph. # _____ Work Ph. # _____ Cell Ph. # _____

Printed Name(s) of Parent(s)/Guardian(s): _____

Name of Last School/District Attended: _____

School Address: _____ Ph. # _____

Grade Level This Past Year _____ Dates of Last Attendance ____/____ (mo/yr)-____/____ (mo/yr)

Name of Principal: _____

If previous school was home-based, what curricular program was used? _____

Please check an answer to the following questions:

Yes No

- | | | |
|--|-----|-----|
| 1) Is the student currently expelled from a prior school? | ___ | ___ |
| 2) Does the student have an expulsion pending? | ___ | ___ |
| 3) Has the student been suspended? If yes, how many days in the last twelve months? ____ (___ISS ___OSS) | ___ | ___ |
| 4) Is the student currently being investigated for truancy? | ___ | ___ |
| 5) Has the student been convicted of a crime? | ___ | ___ |

If you answer yes to any question 1-5, attach a letter of explanation. Also, if convicted, list crime, court of jurisdiction, and disposition. Criminal conviction is not necessarily a disqualifying factor.

6) Exception Learning Needs: ___ None ___ IEP ___ ILP ___ 504 ___ G/T ___ Other: _____

Your signatures indicate that if accepted for enrollment, you will comply with all school and district rules, including the Code of Conduct. You also agree by your signature to keep the district promptly notified of any changes in contact information, including emergency contacts.

Parent/Guardian Signature _____ **Date** _____

Student Signature _____ **Date** _____

Out-of-District Rules and Regulations and Application Procedures

Out-of-District Applicants will be accepted based on (1) space and program availability and (2) behavior/attendance suitability. Applications must be renewed annually.

- 1) Please attach official transcript(s) and standardized assessment testing data (State Assessments, NWEA, etc.). Also include any information related to Exceptional Learning Needs, if you checked “yes” in number 6, above. (If current out-of-district student, this is not needed)
 - 2) Please provide a copy of attendance record if not a current Primero student. Please explain any absences above six (6) in any year:

 - 3) **A letter of interest must be included with your application explaining why you are interested in attending Primero and how you will contribute in a positive manner to the learning environment.**
 - 4) **Only completed applications will be considered.**
 - 5) Each application will be reviewed individually. No priority will be given for other family members already in attendance at Primero or siblings applying for out-of-district applications. Each family member must complete a separate application form.
 - 6) If a student enrollment cap is reached, all eligible applicants will be selected by lottery.
 - 7) Students who are accepted will be enrolled on a conditional basis and must re-apply annually.
 - 8) Students may be placed on a behavior plan and/or attendance contract. Students who violate their contracts may be asked to return to their district of residence.
 - 9) Applicants acknowledge Primero School’s right to revoke Out of District Approval for the following conditions: (1) Poor attendance (2) Excessive tardiness (3) non-compliance with school rules and regulations (4) History of behavior problems (5) Poor academic performance (6) Misrepresentation of information.
 - 10) *Please Note: High school students need to be aware that transferring schools may impact athletic eligibility , based on Colorado High School Activities Association (CHSAA) Transfer Rules. Contact the Primero Athletic Director (AD) for more information.*
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FOR OFFICE USE ONLY

Date of application review: _____

Application Approved: ____ **Application Denied:** ____

Reason for denial: _____

