



CHEYENNE MOUNTAIN SCHOOL DISTRICT 12 REQUEST FOR ENROLLMENT
NON-RESIDENT STUDENT FOR 2008 – 2009 SCHOOL YEAR

Name of Student _____

Birth Date: _____

School Requested: _____

Grade Entering: _____

Previous School: _____

(Name and District #)

(Address, if out of city)

REQUIRED: First Time Applicants for Junior High or High School Must Attach A Copy of Transcript

Any decision made to enroll your child will be made on a conditional basis. If the District subsequently determines that information you have provided is inaccurate, incomplete, or misleading such that the District would have initially denied the application as permitted by law (CRS 22-36-101), your child’s enrollment will be rescinded and your child will be required to immediately return to his or her district of residence. Accordingly, in order to determine whether the District has sufficient programs, facilities, and staff to accommodate your enrollment request, please answer truthfully and completely the following questions:

- Does your child presently have an IEP, a Section 504 plan, or receive any special services? Yes No
If you answered “yes” please explain in detail:
- Has your child been expelled from any public school any time within the last 12 months, or been engaged in conduct that would be considered detrimental to the safety or welfare of other students? Yes No

It is certified that I, the undersigned, am the parent or court appointed guardian* of the above-named student. I also have been advised that approval for non-resident enrollment at any Cheyenne Mountain School is given for **one** academic year only. Before considering requests for admission from non-resident students, priority shall be given to resident students. **Determination for continuing non-resident status will require the submission of a request form annually.**

***Guardianship must be supported with legal documentation or official power of attorney as detailed in the Board of Education Policy JEC.**

Parent/Guardian*: _____ Date: _____

Residence: _____ Zip: _____

Telephone Number: _____ Home School District: _____

This form must be filed with the CMSD Administration Office, 1775 LaCledde Street, Colorado Springs, CO 80906, **as soon as possible** for enrollment in the following academic year.

Application Accepted () Application Denied () by _____ Date: _____