2020-2021 SCHOOL YEAR
OUT OF DISTRICT ENROLLMENT REQUEST

Student's Last Name _____ First Name _____ Middle Name _____ Age _____

Date of Birth _____ Grade for 2020-2021 _____ District you live in _____

Current School Name _____ Current School Address _____ Current School Phone # _____

When will this student be starting school?

☐ 1st Day of School? ☐ Before 10/1? Other Date _____

As the parent/guardian of the above named child, I petition for the right of this child to attend _____ School in Fountain-Fort Carson School District Eight for the 2020-2021 school year.

Do you intend to move into District 8 within the next three months? YES _____ NO _____

I am aware that my child's previous school performance, records, attendance and behavior will be examined prior to approval. Also, District resources could be a factor in consideration of this request. Maximum enrollment for each school has been determined by the Board of Education. Out-of-District area students will not be accepted when maximum enrollment is reached. Out-of-District enrollment will be re-evaluated each school year, and **application must be made every year**. There is no guarantee that the District will be able to accept Out-of-District students beyond the term of this single year agreement. **Enrollment during this academic year does not guarantee future enrollment.**

I am aware that I may be asked to withdraw my child if tardiness, attendance and/or behavior become a problem.

District Administration Office recommendation does not guarantee placement in requested school.

If my request for admittance is granted, I agree to the following:

1 The conduct of my child shall be **exemplary.**
2 The parent/guardian is responsible for providing transportation to and from school.

Has your child had any suspensions/expulsions at previous schools: **YES** _____ **NO** _____

Please indicate if your child is a participant in any of the following programs:

☐ 504 ☐ Special Education ☐ Gifted/Talented ☐ Athletics

Please indicate whether your child was recommended for retention for the 2020-2021 school year. YES _____ NO _____

Are you a current employee of School District 8? YES _____ NO _____ If yes, where do you work? _____

Please list the reason(s) for making this request. _____

Do you have other children that you are applying for Out of District enrollment? (Separate requests form must be filled out for each student.)
If yes, please state names, grade and school. **Approval is for this school year only**.

By signing this form: I certify that all statements are true and correct. If any of the above information is either false and/or incorrect, I understand that I may be asked to withdraw my student from Fountain-Fort Carson School District Eight Schools.

Signature of Parent/Guardian Printed Parent/Guardian Name Date signed

Current Address (including City, State and Zip Code)

E-mail address Home Telephone # Cell phone #

Office Use Only:

Date Enrollment Request Received _____ Received By: _____

Principal Signature_____ Date: _____ Approved? YES _____ NO _____

Asst. Supt of Business Signature_____ Date: _____ Recommended? YES _____ NO _____

Denied reason: _____

Copy to: Parent/Guardian
School
Assistant Superintendent of Business

Revised 1/14/2020

10665 Jimmy Camp Rd., Fountain, CO 80817 PHONE: 719.382.1300 FAX: 719.382.7338