

## 2018-2019 School Year

## **First Round Choice Enrollment**

All requested information, including the student ID number if applicable, must be provided if the applicant is to be considered. Return the completed form to the school where you want to enroll your student. Choice Enrollment, Round One for the 2018-2019 school year is **January 8 to January 31, 2018**.

		Student Informatio	n			
Full Name:						
r dii rvame.	Student's Last Name		Student's First N	Vame	M.I.	
Address:						
	Street Address		Student Birth Da	ate	Student ID #	
	City			State	ZIP Code	
Day Phone:	Evening Ph	one: Is	the student a Jeffco	resident? Y	′es □ No □	
Contact or						
Parent's Name:			Email Address:			
Name of school	I student is currently attending	:				
Grade currently		ed Jeffco School:				
Grade applying		ed Program (if applicable) M, etc.): _				
Student's School	ol of Residence:					
The following in Yes No	oformation <u>will</u> <u>not</u> impact the lo	ottery process; is the student	receiving Special E	ducation se	rvices (IEP)?	
1. An approved applic	ration for Choice Enrollment shall be valid	for attendance at the school for the rema	uinder of the level that the sc	hool serves - elei	mentary, middle or high	
school.  2. Students who wish to return to their designated neighborhood school or to enroll in a different school must submit a Choice Application or Administrative Transfer Request						
3. All Choice Enrollm from School A to Scho sport in which the stud	es for these applications.  ment high school students must comply with  ool B without a bona fide family move wil  lent was a participant in the last twelve mo  ot provided for Students who Choice enroll	l be ineligible for varsity competition in onths. Other factors may also influence a	the first 50 percent of the ma			
	ty Schools policy allows siblings to atten and at the requested school and schedu			in the same ho	usehold. One sibling must	
Are you claimir	ng sibling priority?					
Yes No						
Sibling Inform	ation:					
Last Name:		First Name:		Grade applyi	ng for:	
Last Name:		First Name:		Grade applyi	ng for:	
Last Name:		First Name:		Grade applyi	ng for:	
space availability at acceptance for kind and correct.	we my child attend a school other that nd that there is no guarantee that my dergarten does not guarantee admission	child will be able to attend any scho	ool other than the designa	ated neighborh	ood school. Choice	
Parent or Guar Signature:	dian		Date:			
		Determined:				
chool Use Only: ☐Approved ☐ De	nied	Date application received:	Placement	t date:		
eceiving principal's	s signature:	Distribute copies to: 1. Parent 2. Sending school principal				

<sup>&</sup>lt;sup>1</sup> Per district policy JFBA, the choice process is run blind to the content of IEPs or other specialized learning plans. Offers of acceptance for all students are subject to the availability of space, staffing, and program capacity in the requested school. If a student with an IEP receives a conditional offer of acceptance, the school will review the student's IEP to ensure that the requested school has the programming, staff, and facilities available to meet the student's needs as set forth in the IEP. If not, the offer will be rescinded.