JEFFCO PUBLIC SCHOOLS

2016-2017 school year

Second 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 Two for the 2016-2017 school year is **February 12, 2016 to August 31, 2016.**

Student Information

Full Name: _____ | _____ | _____

Student's Last Name | *Student's First Name* | *M.I.*

Address: _____ | _____ | _____

Street Address | *Student Birth Date* | *Student ID #*

_____ | _____ | _____

City | *State* | *ZIP Code*

Day Phone: _____ Evening Phone: _____ Is the student a Jeffco resident? Yes ☐ No ☐

Contact or Parent's Name: _____ Email Address: _____

Name of school student is currently attending: _____

Grade student is currently in: _____ Grade applying for: _____ Requested Jeffco School: _____

Student's School of Residence: _____

1. An approved application for Choice Enrollment shall be valid for attendance at the school for the remainder of the level that the school serves - elementary, middle or high school.
2. Students who wish to return to their neighborhood school or to enroll in a different school must submit a Choice Application or Administrative Transfer Request following the timelines for these applications.
3. All Choice Enrollment high school students must comply with all CHSAA (Colorado High School Activities Association) requirements and bylaws. A student who transfers from School A to School B without a bona fide family move will be ineligible for varsity competition in the first 50 percent of the maximum regular season contests allowed in any sport in which the student was a participant in the last twelve months. Other factors may also influence athletic eligibility.
4. Transportation is not provided for Choice transfers.

Sibling Priority

The Jeffco Public Schools policy allows siblings to attend the same school by giving enrollment priority to children in the same household. One sibling must currently be enrolled at the requested school and **scheduled to return to the requested school**.

Are you claiming sibling priority?

Yes ☐ No ☐

Sibling Information:

Last Name: _____ First Name: _____ Grade applying for: _____

Last Name: _____ First Name: _____ Grade applying for: _____

Last Name: _____ First Name: _____ Grade applying for: _____

Signature

I am applying to have my child attend a school other than his/her assigned school. I understand that requests will be approved based on space availability and that there is no guarantee that my child will be able to attend any school other than the assigned school. Choice acceptance for kindergarten does not guarantee admission to a full day program. I certify that the information given by me in this document is true, complete, and correct.

Parent or Guardian Signature: _____ Date: _____

School Use Only: ☐Approved ☐ Denied	Date application received:	Placement date:
Receiving principal's signature: _____	Distribute copies to: 1. Parent 2. Sending school principal 3. Receiving school principal	