

AURORA PUBLIC SCHOOLS
Issued December 2001
Effective April 2005
Revised March 2009
Revised January 2010
Revised January 2011

APS Code: JFBA-E

APPLICATION FOR INTRA-DISTRICT CHOICE/OPEN ENROLLMENT

(Initial application period January 15 to May 1. If January 15 or May 1 falls on a weekend, it shall be the next school day.)

Page 1 of 2

Student Information (PLEASE PRINT) Application is for School Year _____ - _____ Grade Level _____

Last Name _____ First Name _____ Initial _____

Birth date: month _____ day _____ year _____

Current School of Attendance _____ Current Grade Level _____

Home School if Different than Current School _____

YES ___ NO ___ Does this student currently have an IEP or section 504 plan?

Parent Guardian Information (PLEASE PRINT)

Parent/Guardian _____

Address _____ City, Zip _____

Parent/Guardian Telephone: Work _____ Home _____

School Requested for Open Enrollment _____

Reasons: (check all that apply)

<input type="checkbox"/> special program, magnet/pilot school	<input type="checkbox"/> child of APS staff
<input type="checkbox"/> affected by boundary change	<input type="checkbox"/> daycare is in neighborhood
<input type="checkbox"/> seeking choice enrollment	<input type="checkbox"/> other: _____

Parent/Guardian And Student Agreement (Initial Each Statement)

We understand that the student's choice/open enrollment application may be revoked at the end of a school year if the following are not met annually:

_____	1. The student will be expected to follow school policy for prompt arrival and departure at school.
_____	2. The student will have no more than one out-of-school suspension each year.
_____	3. The student will maintain a ninety-five percent attendance rate each year to be reviewed. Students who develop attendance and/or tardiness issues will be referred for truancy proceedings.
_____	4. High school students must be on track to graduate. Students are considered to be on track to graduate if they have earned the following credits at the end of each year:
	a. Freshman – 5.5 credits
	b. Sophomores - 11 credits
	c. Juniors – 16.5 credits
	d. Seniors – graduate

_____ _____

Parent/Guardian Signature Student Signature

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Sibling Information

- YES___ NO___ Is there a sibling of the student listed above already attending the school you are requesting?
YES___ NO___ Will that brother or sister still be attending the school you are requesting next school year?
YES___ NO___ Are you submitting an application for open enrollment for a sibling(s) of the student listed above?
YES___ NO___ Would you withdraw this request if a sibling(s) request was not honored?

Parent/Guardian Agreement

1. I will assume ALL responsibility for transportation to and from the new school, unless the district is otherwise required by law to transport my student.
2. According to Colorado High School Athletic Association policies, my student's eligibility for varsity level competition in sports may be affected at the high school level.
3. If approved, this request is for the above-named student ONLY and does not include approval for siblings.
4. Once a choice/open enrollment application has been approved, students need not reapply each year as long as they wish to remain in that building and continue to meet established criteria. After completing the elementary or middle school level, a student must reapply for choice/open enrollment at the next level if they wish to attend a school other than their home school of residence
5. If the student withdraws from the school they are open enrolled they forfeit their right to return to that school.
6. The district reserves the right to place a cap on accepting choice/open enrollment applications and may rescind or amend any or all approved open enrollments at the end of any semester, if, in its opinion, there is overcrowding of facilities or programs for those residing in the school attendance area or other undesirable conditions develop.

My child may be denied admission to a district school or program and have to return to his/her school of residence in subsequent years as provided in board policy.

Date: _____

Signature of Parent/Guardian (**False information will be grounds for denial of this application**)

Waiting List

YES___ NO___ If my initial application is unable to be approved by June 15, I request that this application be placed on the waiting list for consideration.

Parent/Guardian Initials: _____

For Office Use Only

Student Name: _____

Date Application Received: _____ Time Received: _____

Date Approved: _____ Date Placed on Waiting List: _____ Date Denied: _____

Principal Signature: _____ Date: _____