

	<p align="center"><b>First Round Choice Enrollment Application - High School</b></p>	<p align="center"><b>Jeffco Public Schools - POLICY JFBA - Exhibit 1 January 6 - 25, 2010</b></p>
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All requested information, including the student ID number, must be provided if the applicant is to be considered. Type the information and click the print button. The form will print on your printer. Return the form to the school where you want to enroll your student.

**Student's Name:**

Last First Middle

**Student ID#:** **Birth Date** **Grade applying for:**

**Street address:** **City:** **State: Zip:**

**Contact name:** **Day phone:** Jeffco resident  
Evening phone: Non-resident  
 Jeffco Schools Non-Resident  
 District Employee

**Student is currently attending:** **In Grade:** **Student 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.

**Requested Jeffco School:** **\*Are you claiming sibling priority:**  
Yes No

**Sibling Information:**

Last Name First Name Middle Name

\*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.**

**Family Preference**

If you have more than one child applying for the same school(s) listed above, staple all applications and list all names and grades in this section.

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ applying for \_\_\_\_\_ Grade \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Grade applying for \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Grade applying for \_\_\_\_\_

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 <small>original:9/02/03, updated: 11/10/09</small>		Distribute copies to: 1. Parent 2. Sending school principal 3. Receiving school principal