

Intra-District OPEN ENROLLMENT REQUEST
(WITHIN DISTRICT TRANSFER)
Weld County School District Re-3(J)

Parent/Guardian Information:

Name: _____ Telephone: _____
 Address: _____

Student Information:

Name: _____ Grade Level: _____
 School Year Requested: 20____ - 20 ____
 School of Residence: _____ School Requested: _____
 Reason for Request: _____

As the parent/guardian of the above-named student, I understand that if this application is approved:

- Enrollment is contingent upon the parent providing transportation to the requested school
 - Transportation may be requested from the Transportation Department but is dependent on existing transportation routes and availability. If granted, students will be transported from their school of residence or the nearest existing bus stop. Annual determination of availability will not be made until after the first two weeks of the school year.
- Enrollment is for one academic year only (or the remainder of the current year); request for open enrollment for the following year must be made by May 15th
- Approval of this transfer may be revoked at any time class size becomes unmanageable or parents and/or student become uncooperative with administration
- Approval of this request is for the above-named student only
- The student is expected to abide by all attendance and behavior regulations of the approved school

 Parent/Guardian Signature Date

After completing and signing this form, please return it to the main office of any Re-3(J) school or the District Administration Office (P.O. Box 269 – 99 W. Broadway, Keenesburg, CO 80643).

 Signature of Principal of Resident School Approve Deny Date

 Signature of Principal of Requested School Approve Deny Date

 Signature of Superintendent Approve Deny Date

School Board: Approve Deny Date: _____