

**Readmission Application for Admission of Out-of-District Students
Weld County School District Re-3(J)**

Parent/Guardian Information:

Today's Date: _____

Name: _____

Telephone: _____

Address: _____

Student Information:

Student Name: _____ Birthdate: _____ Grade: _____

School Year Requested: 20____ - 20 ____

Resident School District: _____ Last School Attended: _____

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 school
 - Transportation may be requested from the Transportation Department but is dependent on availability. Determination of availability will not be made until after the first two weeks of the school year. If available, the parent is responsible to have his/her children at the approved bus stop at the scheduled time for pick-up and drop-off.
- Enrollment is granted for one year only (or the remainder of the current year); a request for Re-Admission must be submitted by May 15th for continuation of attendance for the following school year
- Students may be denied admission for any of the following reasons as established by district policy: *expulsion from previous school/program, participation would require alterations to the structure of the school/facilities, there is a lack of space or teaching staff, the school does not offer appropriate programs or is not equipped to meet the special needs of the student, the school does not offer a program requested by the student, the student does not meet other established eligibility, a desegregation plan is in effect, a poor attendance record exists, a poor disciplinary record exists, a poor academic record exists, a poor attitude toward school exists, and/or any other reason which may affect the student's attendance or performance as determined by administration. If information is revealed subsequent to enrollment, admission may be revoked at any time.*

Parent Signature: _____ Date: _____

Student Signature: _____

After completing and signing this form, please return it to the main office of the school you wish to attend.

Principal Signature: _____ Approve Deny Date: _____

Superintendent Signature: _____ Approve Deny Date: _____

**Written justification must be attached to this form if the administration recommends that the Board of Education deny this request.*

District Initial Admission: _____

School Board: Approve Deny Date _____