

Weld RE-9 School District
PO Box 1390
210 West First Street, Ault Co 80610



Application to Return for Out of District Students

Today's Date: _____ Request for School Year: _____
Student Name: _____ Current Grade: _____
Student Birthday: _____ Phone Number: _____
Parent(s) Name: _____
Parent(s) Address: _____

I hereby request enrollment at _____ School for the following reasons:

Additional Information

Are any of the student's siblings requesting enrollment at Weld RE-9? Yes No

Does your child require special education services? Yes No

If yes, which program? _____

Has this student been expelled/suspended from school in the last 12 months? Yes No

If yes, please explain: _____

Should this request be approved, it is understood that this request will be evaluated on a semi-annual basis. Transportation of the student to and from school shall be assumed by the parent or guardian. Approval of this request is for the above-named student. It does not ensure approval of siblings. The school reserves the right at any time to revoke this request under the following circumstances: 1) Poor attendance, 2) Excessive tardiness, 3) Grades, 4) Non-compliance with school rules, 5) Misrepresentation of information, 6) Enrollment.

This form must be received by the school office no later than July 1st in order to be enrolled as an out-of-district student for the next school year.

Parent/Guardian Signature

Date

Receiving School Principal's Approval
Signature

Date