Weld RE-9 School District



209 West First Street, Ault, CO 80610-0068

School Choice Application

Today's Date:	Request for School Year:
Student Name:	Student ID Number:
Student Birthdate:	Current Grade:
Parent(s) Name:	PhoneNumber:
Parent(s) Address:	
Currently attending: Weld RE-9 School District (name of Out-of-district (name of Private school (name of Home school Not currently enrolled in	school):
I hereby request enrollment at School for the following reasons:	
Additional Information If your child is preschool age, please indicate	the anticipated year of kindergarten enrollment
Are any of the student's siblings enrolled at requested	d school?YesNo
Does your child require special education services? If yes, which program?	
Has this student been expelled/suspended from school If yes, please explain:	
	stood that this request will be evaluated on an annual

Should this transfer request be approved, it is understood that this request will be evaluated on an 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 June 1^{st} in order to be enrolled as an out-ofdistrict student for the next school year.

Parent/Guardian Signature

Date