

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 (Students attending Hudson Academy of Arts & Sciences will be transported to/from their home or school of residence depending on Transportation routes and availability.)
- 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 (August 1)
- 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: _____