



2024 - 2025 SCHOOL YEAR OUT OF ZONE ENROLLMENT REQUEST

(Resident of School District 8)

Student's Last Name _____ First Name _____ Middle Name _____ Age _____

Date of Birth _____ Grade for 2024 - 2025 _____

District Assigned Home School _____

As the parent/guardian of the above named child, I petition for the right of this child to attend _____ School in Fountain-Fort Carson School District Eight for the 2024-2025 school year.

I am aware that my child's previous school performance, records, attendance and behavior will be examined prior to approval. Also, District resources could be a factor in consideration of this request. Maximum enrollment for each school has been determined by the Board of Education. Out-of-Zone students will not be accepted when maximum enrollment is reached. Out-of-Zone enrollment will be re-evaluated each school year, and **application must be made every year.** There is no guarantee that the District will be able to accept Out-of-Zone students beyond the term of this single year agreement. **Enrollment during this academic year does not guarantee future enrollment.**

I am aware that I may be asked to enroll my child in our District Assigned home school if tardiness, attendance and/or behavior issues become a problem.

District Administration Office recommendation does not guarantee placement in requested school.

If my request for admittance is granted, I agree to the following:

- 1 The conduct of my child shall be **exemplary.**
- 2 The parent/guardian is responsible for providing transportation to and from school.

Please indicate if your child is a participant in any of the following programs:

Gifted/Talented Athletics

Are you a current employee of School District 8? YES _____ NO _____ If yes, where do you work? _____

Please list the reason(s) for making this request. _____

Do you have other children that you are applying for Out of Zone enrollment? (Separate requests form must be filled out for each student.)
If yes, please state names, grade and school. **Approval is for this school year only.**

By signing this form: I certify that all statements are true and correct. If any of the above information is either false and/or incorrect, I understand that I may be asked to enroll my student in our home school.

Signature of Parent/Guardian _____ Printed Parent/Guardian Name _____ Date signed _____

Current Address (including City, State and Zip Code) _____

E-mail address _____ Home Telephone # _____ Cell phone # _____

Office Use Only:		
Date Enrollment Request Received _____	Received By: _____	
Principal Signature _____	Date: _____	Accept / Deny
Asst. Supt of Business Signature _____	Date: _____	Accept / Deny
Denied reason: _____		

Copy to: Parent/Guardian School Assistant Superintendent of Business