

**LITTLETON ELEMENTARY SCHOOL DISTRICT #65**  
**Attendance Area Variance Application for the 2017-18 School Year**

Student's Name \_\_\_\_\_ Date \_\_\_\_\_

Current Grade (during the 2016-17 school year) \_\_\_\_\_ Birthdate \_\_\_\_\_ Home Phone \_\_\_\_\_

Parent / Legal Guardian's Name \_\_\_\_\_

Home Address \_\_\_\_\_

Work Phone \_\_\_\_\_ Message/cell phone \_\_\_\_\_

**PLEASE COMPLETE:**

Does the above-named student reside outside of the Littleton Elementary School District? YES  NO

Is the student a child of a current employee?  YES  NO

How many years has the student been attending on a variance  \_\_\_\_\_ years

**CURRENT SCHOOL OF ATTENDANCE (2016-17 SCHOOL YEAR)**

Current School \_\_\_\_\_ Current School District \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_

Request Assignment to \_\_\_\_\_

*Briefly state your reason for applying to this school:*

\_\_\_\_\_  
\_\_\_\_\_

Is the above named student:

Yes  No

Expelled or long-term suspended from any school or school district?

Yes  No

Currently subject to expulsion or long-term suspension from a school or school district?

Yes  No  N/A

In compliance with conditions imposed by a juvenile court?

Yes  No  N/A

In compliance with a condition of disciplinary action in any school or school district?

*Note: The following conditions apply to the attendance area variance program:*

1. Meets eligibility criteria for attendance & citizenship.
2. Enrollment is subject to the capacity limit established for the school, special programs and/or its grade levels.
3. On or before the 5<sup>th</sup> day of school for the school year requested following the application submittal, the parent or legal guardian will be notified in writing whether the application has been accepted or rejected.
4. No district transportation will be provided.
5. Providing false information on this form may result in the application being denied or admission being revoked.
6. Complete enrollment application on file, including request for records, submitted with variance application.

I affirm that my child will abide by the rules, standards, and policies of the school and the District if enrolled.

\_\_\_\_\_  
Signature of parent or legal guardian

\_\_\_\_\_  
Date

**For Office Use only**

SAIS ID Number \_\_\_\_\_ Date of request \_\_\_\_\_

Application  Accepted  Rejected  Placed on Waiting List  Renewal

Reason for rejection: \_\_\_\_\_

Principal signature: \_\_\_\_\_ Date: \_\_\_\_\_

Copies sent to applicant and School Support Office- Sent by: \_\_\_\_\_

Date letter sent to parent \_\_\_\_\_