

Non- Resident Enrollment

Date: \_\_\_\_\_ Grade(s) \_\_\_\_\_ School Year: \_\_\_\_\_

Student Name(s): \_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian Name(s) \_\_\_\_\_  
\_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

School District of Residence: \_\_\_\_\_

School Requested: \_\_\_\_\_

To insure the Cripple Creek-Victor School District can meet the educational needs of your student(s), please check all programs or services your child may require:

- Alternative school
- Counseling Services
- Gifted and Talented
- Title I
- Tutoring
- Vocational/College Courses
- Other (please specify)

Additional Comments: \_\_\_\_\_  
\_\_\_\_\_

Please identify all school disciplinary or truancy action(s) taken against your student(s) during the past year:  
\_\_\_\_\_  
\_\_\_\_\_

If approved, the student is expected to abide by all attendance and behavior regulations of the Cripple Creek-Victor School district. As the parent of the above-named student I understand:

- ❖ Enrollment is contingent upon the family providing their own transportation to the school or pre-established bus stops
- ❖ Enrollment will be valid for no more than one academic year
- ❖ Approval of this request is for the above named student(s) only; it does not insure approval of siblings
- ❖ Any misrepresentation on this document could result in the removal of my student(s) from enrolling in the district

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Below To Be Filled Out By School District

Check one: I have received the above request and ( ) approve, or ( ) deny for the following reasons:  
\_\_\_\_\_  
\_\_\_\_\_

Administrator: \_\_\_\_\_ Date: \_\_\_\_\_