Dolores School District RE-4A
P.O. Box 727 / 100 N. 6th St.
Dolores, Colorado 81323

Application for Admission of Nonresident Student

Date: _____

Students Name: _____

Date of Birth: _____

Grade level applying for: _____

Last School Attended: _____

Parent Name (s): _____

Address: _____

Phone: _____

Secondary Contact: _____

Phone: _____

Please explain in detail reasons for wanting your child to attend Dolores Schools:

_____

_____

_____

_____

_____

We consider it a privilege to attend school in Dolores. It is important that parents and students understand that we have high expectations for academics, behavior and attendance. Students coming from outside the district are expected to adhere to our behavior and attendance policies. If out of district students do not follow our behavior or attendance policies they will be disrenrolled at the principal's discretion. Students will not be disenrolled because of learning needs or as covered by law and School Board Policy. See Policy JFBB for more information.

Please respond accurately and completely to the following questions and request for information:

How many suspension or discipline referrals has your child received the in the last 12 months? _____
How many days was your child absent in the last 12 months? _____
Is your child presently served by and Individual Education Plan (IEP)?   Y ___ N ___
Is your child presently served by a 504 Education Plan?   Y ___ N ___
Has your child previously attended Dolores School District RE-4A? Y ___ N ___
Has your child been expelled from another school district?   Y ___ N ___

Please list **any** accommodations or modifications your child would require in a classroom or school setting in order to be successful:

_____
_____
_____
_____
_____

Comments:

_____
_____
_____
_____
_____

I verify that the information provided in this application is true and accurate. Any information falsely provided, or misleading will be considered grounds for denial or revocation of admission. We may require official records before approval of this application.

Parent/Guardian Signature: _____ Date:_____

Parent/Guardian Signature: _____ Date:_____

Principal Signature: _____ Date:_____

Superintendent Signature: _____

Date of review: _____

Final recommendation:

_____
_____
_____

Comments:_____
_____
_____

Dolores School District RE-4A, Dolores, Colorado