



**Boulder Valley School District RE-2  
K-12 OPEN ENROLLMENT APPLICATION, 2010/11 SCHOOL YEAR**

**DUE BY 4:00 P.M., JANUARY 15, 2010**

Please complete ALL information on this form and return it to the Education Center at 6500 E. Arapahoe Ave., Boulder, CO 80303 - Telephone (303) 245-5900  
**ONE APPLICATION FORM IS REQUIRED PER STUDENT NOT ONE PER FAMILY**  
*Kindergartners must be five years old and first graders must be six years old by September 30, 2010.*

Please **print** all information. Incomplete or incorrect information may invalidate this application.

**Student's Name:** \_\_\_\_\_ **Male** \_\_\_ **Female** \_\_\_  
*Last First Middle*

**Student's Address of Residence:** \_\_\_\_\_  
*(Street) (City) (State) (Zip)*

**Mailing Address if Different from Above:** \_\_\_\_\_  
*(Street) (City) (State) (Zip)*

**Date of Birth:** \_\_\_\_\_ **2009/10 Grade Level:** \_\_\_\_\_ **2010/11 Grade Level:** \_\_\_\_\_  
*Mo/ Day/Year (Current School Yr) (Next School Yr)*

Does the student attend a private school? Yes \_\_\_ No \_\_\_

Is the student home schooled? Yes \_\_\_ No \_\_\_ Applying for: Part Time \_\_\_ Full Time \_\_\_

Is the student the child of a BVSD employee? Yes \_\_\_ No \_\_\_ Where? \_\_\_\_\_

**Please list the address(es) and phone number(s) where you can be reached for questions and/or notification:**

**Parent/Guardian (1):** \_\_\_\_\_  
\_\_\_\_\_  
*Street City Zip Code*

**Phone (H):** \_\_\_\_\_ **Phone (W):** \_\_\_\_\_

**Best contact phone # (1)** \_\_\_\_\_ **(2)** \_\_\_\_\_

**Parent/Guardian (2):** \_\_\_\_\_  
\_\_\_\_\_  
*Street City Zip Code*

**Phone (H):** \_\_\_\_\_ **Phone (W):** \_\_\_\_\_

**Best contact phone # (1)** \_\_\_\_\_ **(2)** \_\_\_\_\_

**\*\*Email Address (optional):** \_\_\_\_\_

**STUDENT SELECTION CRITERIA**  
**(as explained in the Open Enrollment Procedures and Information document):**

Is your residence within the boundary area of the Boulder Valley School District?  
Yes \_\_\_ No \_\_\_ Don't Know \_\_\_

A. Has this student moved out of the attendance boundaries of the requested school and wishes to remain in the requested school? Yes \_\_\_ No \_\_\_

B. Did this student open enroll to another school/program and now wants to return to his/her neighborhood school? Yes \_\_\_ No \_\_\_

C. If applying to the following charter schools, please check the appropriate box(es):

<u>School</u>	<u>Director/Founding Family</u>	<u>Sibling of a Senior (Sibling's name)</u>	<u>Sibling of graduates (Sibling's name)</u>	<u>Previous Applicant</u>
Peak to Peak	<input type="checkbox"/>	<input type="checkbox"/> _____	NA	<input type="checkbox"/>
Summit	<input type="checkbox"/>	NA	<input type="checkbox"/> _____	<input type="checkbox"/>

D. This student is requesting (*Name of School*) \_\_\_\_\_ where his/her sibling(s) **presently attend** and will attend next year (list siblings here).

<i>Last</i>	<i>First</i>	<i>Grade (2010/11)</i>	<i>Date of birth</i>
_____	_____	_____	_____
_____	_____	_____	_____

E. Names and next year grade levels of any siblings **also requesting** open enrollment to the same school. (If one is accepted the other[s] will be given preference.)

<i>Last</i>	<i>First</i>	<i>Grade (2010/11)</i>	<i>Date of birth</i>
_____	_____	_____	_____
_____	_____	_____	_____

F. To qualify for Community Montessori preference and scholarship consideration, an Optional 2009/10 Family Economic Data Survey must be completed (see insert).

G. To qualify for BCSIS or High Peaks preference consideration, an Optional 2009/10 Family Economic Data Survey must be completed (see insert).

**NOTE:** Tiered preferences and eligibility criteria are described on page 3 and 4 of the Open Enrollment Procedures and Information document.

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**PLEASE NUMBER YOUR CHOICES 1, 2, 3, 4 with #1 AS HIGHEST – You may request up to FOUR Schools**

Choice Number (1 to 4)	Elementary Schools
	Aspen Creek K-8
	BCSIS Focus
	Bear Creek Math Focus
	Birch
	Coal Creek
	Columbine
	◀Community Montessori Focus
	Creekside
	Crest View
	Douglass
	Eisenhower
	Eldorado K-8
	Emerald
	Fireside
	Flatirons
	Foothill
	Gold Hill
	Heatherwood
	High Peaks Focus
	Horizons K-8 Charter
	Jamestown
	Kohl
	☒Lafayette (Gifted and Talented Focus)
	Louisville
	Mesa
	Monarch K-8
	Nederland
	Peak to Peak Charter K-12
	☒*Escuela Bilingüe Pioneer
	☒Ryan (Math/Science Academy Focus)
	☒Sanchez (PK-5 International Program Focus)
	Superior
	*University Hill Dual Language
	Whittier International Focus

Choice Number (1 to 4)	Middle Schools
	Angevine
	Aspen Creek K-8
	Broomfield Heights
	Casey
	*Casey Bilingual
	Centennial
	Eldorado K-8
	Horizons K-8
	Louisville
	Manhattan
	Monarch K-8
	Nederland
	Peak to Peak Charter K-12
	Platt
	Platt CHOICE
	Southern Hills
	Summit Charter

Choice Number (1 to 4)	High Schools
	Arapahoe Ridge
	Boulder
	Broomfield
	Centaurus
	Fairview
	Monarch
	Nederland
	New Vista
	Peak to Peak Charter K-12

**The current school/district for this student is:**  
**School** \_\_\_\_\_  
**District** \_\_\_\_\_

◀Indicates preschools where admission is through the Open Enrollment process.

☒For parents/guardians applying to Lafayette, Escuela Bilingüe Pioneer, Ryan and Sanchez...see page 3 for lottery preferences.

\*For parents/guardians applying to Pioneer, University Hill, and Casey, is your child a:  
 \_\_\_\_\_ Native English Speaker  
 \_\_\_\_\_ Native Spanish Speaker

**When a student has been enrolled in any school under the open enrollment policy, that school becomes the “school of attendance”. To return to the district designated neighborhood school, an application must be submitted and approval will be granted if there is space available.**

**MISREPRESENTATION OF INFORMATION WILL BE GROUNDS TO INVALIDATE THIS APPLICATION.**

**\*\*Original signatures of both parents required. NO FAXED DOCUMENTS WILL BE ACCEPTED.\*\***

Parent/Guardian’s Signature: \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian’s Signature: \_\_\_\_\_ Date \_\_\_\_\_

**Upon receipt of your application, you will receive a post card verifying receipt of your application.**

**For more information, please contact the Open Enrollment Office at (303) 245-5900.**

**OPTIONAL 2009-2010 FAMILY ECONOMIC DATA SURVEY  
FOR ALTERNATE PROGRAM FUNDING/ELIGIBILITY**

**Instructions**

**If your household gets FOOD STAMPS, follow these instructions:**

**Part 1:** List your child's name, school, and grade.

**Part 2:** List your Food Stamp case number (not your Quest Card number).

**Part 3:** Skip this part.

**Part 4:** Skip this part.

**Part 5:** Sign the form.

**If your child is a FOSTER CHILD, follow these instructions:**

**Part 1:** List the child's name, school, and grade.

**Part 2:** Skip this part.

**Part 3:** List the child's personal use monthly income, if any.

**Part 4:** Skip this part.

**Part 5:** Sign the form.

**ALL OTHER HOUSEHOLDS, follow these instructions:**

**Part 1:** List child's name, school, and grade.

**Part 2:** Skip this part.

**Part 3:** Skip this part.

**Part 4:** Follow these instructions to report total household income from last month.

**Column 1–Name:** List the first and last name of **each** person living in your household, related or not (such as grandparents, other relatives, or friends). You must include yourself and all children not listed in Part 1. Attach another sheet of paper if you need to.

**Column 2–Last month's income and how often it was received:** List the types of income your household got last month and how often you got them. *Employment income:* List the **gross income** each person earned last month. It is not the same as take home pay. **Gross income is the amount earned before taxes and deductions.** It should be listed on your pay stub, or your boss can tell you. Next to the amount, write how often you got it (weekly, every other week, twice a month, or monthly). *Other Income:* List the total amount each person got last month from **all other sources**. Include welfare, child support, alimony, pensions, retirement, Social Security, Worker's Compensation, unemployment, strike benefits, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), disability benefits, regular contributions from people who do not live in your household, and ANY OTHER INCOME. Report net income for self-owned business, farm, or rental income. Next to the amount, write how often the person got it.

**Column 3–Check if no income:** If the person does not have any income, check the box.

**Part 5:** An adult household member **must** sign the form.

**INCOME TO REPORT:**

**Earnings from Work**

Wages/salaries/tips  
Strike benefits  
Unemployment compensation  
Worker's compensation  
Net income from self-owned  
business or farm

**Welfare/Child Support/Alimony**

Public assistance payments  
Welfare payments  
Alimony/child support payments

**Other Income**

Disability benefits  
Cash withdrawn from savings  
Interest/Dividends  
Income from Estates/Trusts/  
Investments  
Regular contributions from  
people not living in the  
household  
Net royalties/annuities/  
net rental income  
Any other income

**Pensions/Retirement/Social Security**

Pensions  
Supplemental Security Income  
Retirement income  
Veteran's payments  
Social Security

## OPTIONAL 2009-10 FAMILY ECONOMIC DATA SURVEY FOR ALTERNATE PROGRAM FUNDING/ELIGIBILITY

School: *(Circle school(s) you are applying to) BCSIS (KG only), High Peaks (KG only), Community Montessori (PK3, PK4, KG only)*

\_\_\_\_\_  
Last name(s) of family

\_\_\_\_\_  
Mailing Address, City, Zip Code

\_\_\_\_\_  
Telephone Number

**INSTRUCTIONS:** Please complete a separate survey for each of your children attending this school. Complete the information, sign your name, and return the survey to the school. Completion of this survey is voluntary, but may assist the school in receiving additional State/Federal funding, or other benefits for your child.

**1. STUDENT INFORMATION: PRINT the child's name, school and grade.**

**(Use a separate survey for each child)**

LAST NAME OF STUDENT	FIRST NAME OF STUDENT	SCHOOL	GRADE

**2. Food Stamp Case Number**

**(Do not list the 16-digit Quest number)**

(If you listed a Food Stamp case number, Skip to Part 5)

**3. Foster Child, check here: [ ]**

If this is a child who is the legal responsibility of a welfare agency or **court**, list the amount of the **child's** personal use monthly income:

\$ \_\_\_\_\_ (Write "0" if the child has no personal use income); **Skip to Part 5**

**4. Total Household Income from Last Month - List last month's gross monthly income**

NAME (List everyone in household not listed in Part 1)	Earnings from work before deductions	Other	Weekly/Monthly
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$

**5. Signature (Adult MUST sign) - An adult household member must sign the survey.**

Sign here: X \_\_\_\_\_

Date \_\_\_\_\_

*I certify (promise) that all information on this application is true and that all income is reported. I understand that the school may get State or Federal funds based on the information I give. I understand that school officials may verify (check) the information.*

**Do not fill out this part. This is for school use only:**

Monthly Income Conversion: Weekly x 4.33, Every 2 Weeks x 2.15, Twice A Month x 2

Monthly Income: \_\_\_\_\_ Household size: \_\_\_\_\_ FS: \_\_\_\_\_ Date Withdrawn: \_\_\_\_\_

Eligibility: Yes \_\_\_\_\_ (Type \_\_\_\_\_) No \_\_\_\_\_ Declined survey \_\_\_\_\_

Determining Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_