



MANCOS SCHOOL DISTRICT RE-6  
355 W. GRAND AVENUE  
MANCOS, COLORADO 81328  
PHONE (970)533-7748 FAX (970)533-7954

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Mancos School District has a duty to grow through mission fit students.  
Is your student a Mancos School District Mission Fit Student?

*Mission fit students build character while growing academically. Character growth will be accomplished in harmony with academic, content-based growth, through our project-based and student-centered model, with equal emphasis being placed on both academic and character competencies. In our model, students are actively engaged in, and therefore accountable for, meeting proficiency in content standards, pursuing personal passions, and charting post-secondary possibilities. In sum, a mission-fit student wants to learn.*

### **Out-of-District Application 2024-2025**

APPLICATION FOR ADMISSION OF NON-RESIDENT STUDENT

(Please submit a separate application for each student)

#### **A. Student Information**

Name of Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

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

Town: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Best contact number: \_\_\_\_\_ Cell / Work / Home

Parent/Guardian Email(s): \_\_\_\_\_

#### **B. Current School Information**

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

Reason for Leaving: \_\_\_\_\_

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

### C. Mancos School District Information

School to which you are applying:   Preschool   Elementary   Middle   High

Applying for Academic Year: \_\_\_\_\_ Grade Level: \_\_\_\_\_

Have you ever attended Mancos School District? \_\_\_\_ Yes \_\_\_\_ No  
(if yes, what years?) \_\_\_\_\_

Are any siblings applying for or currently enrolled in the Mancos School District? \_\_\_\_ Yes \_\_\_\_ No

If yes, please list names and grade level: \_\_\_\_\_  
\_\_\_\_\_

Why do you wish to enroll your student in the Mancos School District (please explain in detail)?

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

Is your student currently served by an Individual Education Plan? \_\_\_\_ Yes \_\_\_\_ No  
*If yes, please provide a copy of your student's IEP.*

Is your student currently served by a 504 Education Plan? \_\_\_\_ Yes \_\_\_\_ No  
*If yes, please provide a copy of your student's 504.*

Has your student been suspended or expelled from another school district? \_\_\_\_ Yes \_\_\_\_ No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

Additional Comments/Information:

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

## D. Student Questions

1. What are your three favorite things about yourself?

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2. What made you choose to apply to this school?

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3. What is one achievement that made you proud?

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4. Why is school important to you?

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I verify that the information provided in this application is true and accurate. Any information falsely provided, or misleading, will be grounds for denial or revocation of admission.

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

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

**Approval: \_\_\_ Yes \_\_\_ No**

Principal's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Comments:

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Superintendent's Signature: \_\_\_\_\_ Date of Review: \_\_\_\_\_

Final Recommendations:

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