

Intent to Enroll Form 2010-2011

Grade Enrolling (2010-2011), please circle a grade: PreK K 1 2 3 4 5 6 7 8

Preschool: Your children must be 3 or 4 years old by October 1, 2010 (October of the year they are entering Preschool) in order to enroll in Preschool. Please prioritize your choices:

- _____ M, W, F – 8:30am-11:30am
- _____ M, T, W, Th – 12:00pm-3:00pm
- _____ T, Th (3-4 y.o. ONLY) – 8:30am-11:30am

A NON-REFUNDABLE application fee of \$50 is required.

Paid _____ Check No. _____

Kindergarten: Your children must be 5 years old by October 1, 2010 (October of the year they are entering Kindergarten) in order to enroll in Kindergarten. Please prioritize your choices:

- _____ K-Full Day – 8:15am-3:30pm
- _____ K-AM – 8:15am-11:30am

A NON-REFUNDABLE consumable activity fee is collected annually.

\$230 for K-5th grade \$275 for 6-8th grade

Note: Flagstaff Academy requests attendance at an "Open Enrollment Clinic" meeting as part of the enrollment process. Open enrollment dates and times are posted on the website. (www.flagstaffacademy.org)

Student Information:

Student's Last Name _____ First Name _____ Middle Name _____ DOB ____/____/____
Month Day Year

Student's Home Address _____ City _____ State _____ Zip _____

Male _____ Female _____ County _____ Neighborhood School _____ Primary Home Language _____

School Presently Attending: _____ City: _____ State: _____ Zip: _____

Other Sibling(s) enrolling? Y / N If so: Last Name: _____ First name: _____ Grade: _____

Last Name: _____ First name: _____ Grade: _____

Priority Code: _____

- Enrollment Priority Codes:**
- A. Siblings of students already enrolled at Flagstaff Academy
 - B. Children of Founding Families
 - C. Children of full and part-time staff members
 - D. Students presently enrolled in Flagstaff Academy preschool (for those applying for Kindergarten)
 - E. Students residing in the St. Vrain Valley School District
 - F. All other students

Parent/Guardian Information:

Check here if family has two households: _____

Relationship to student: _____

Relationship to student: _____

Last Name _____ First Name _____

Last Name _____ First Name _____

Address _____

Address _____

City/State/Zip _____

City/State/Zip _____

Home Telephone _____ Work Telephone _____

Home Telephone _____ Work Telephone _____

Cell Phone _____

Cell Phone _____

Email _____

Email _____

ONLY Custodial Parent? Yes No

ONLY Custodial Parent? Yes No

Student resides with this person? ___100% ___50% ___other

Student resides with this person? ___100% ___50% ___other

Person enrolling student: _____

Relationship: _____

Office Use Below

Date Reg. Packet Received: _____ Offer Date _____ Response Due Date _____

Date Reg. Packet DUE: _____ Accepted _____ Declined _____ Date _____ Rev. 11/09

PARENT VERIFICATION OF CHILD'S STANDING AT PRIOR SCHOOL

By my signature below, I am verifying that the following information provided to the school is, to the best of my knowledge, complete and truthful. I further understand that my child may be withdrawn from enrollment if any of the information I have provided proves to be false. Your answers to these questions DO NOT qualify, disqualify, or allow preference to your student in the lottery. The data is used for statistical tracking and verification purposes.

PLEASE FILL IN Y (YES) OR N (NO) FOR EACH OF THE FOLLOWING:

BEHAVIOR:

_____ In the past 12 months has the child been expelled from a school or engaged in behavior in another school that was detrimental to the welfare or safety of other students or of school personnel? (If YES, attach a written explanation of the circumstances of the negative behavior)

RESIDENCE:

_____ The child and parent/guardian live at the address on the Intent to Enroll form, which is an address within the St. Vrain Valley School District boundaries. If NO, in what county does your student reside? _____ (If NO you will be contacted to complete an additional form.)

GUARDIANSHIP: (in any divorce decree, please supply a copy of the court order so the school may be aware of special instructions.)

_____ I have legal guardianship of the child (attach Power of Attorney if applicable) If you are the biological parents and do not have a split family the answer to this is YES.

SPECIAL EDUCATION STATUS:

_____ Has the child ever had an Individual Education Plan (IEP)? If yes, please provide the documents listed in the ***section below***

_____ Does the child have a current Individual Education Plan (IEP)? If yes, please provide the documents listed in the ***section below***

_____ Is the child currently being tested for special education placement?

_____ Is the child identified as eligible to receive or currently receiving special education services? If yes, what school year _____

_____ Has your child been released from special education from a previous institution? If yes, what school year _____

_____ Does your child currently have or has s(he) ever had a 504 Plan?

_____ Has your child ever been tested for Gifted and Talented? If yes, what school year _____ Qualified ___ Y ___ N

RETENTION:

_____ I am self-retaining or self-promoting my child from the grade level in which (s)he would normally be enrolled.

HOME SCHOOLING:

_____ My child has been home-schooled as defined by Colorado statute

If YES, what grades were home-schooled? _____

CRIMINAL CHARGES (applies to students ages 14-17 only):

_____ Has the child been charged with any offense constituting a crime of violence?

_____ I understand this application does not guarantee enrollment.

Signature of Parent or Guardian

Date

***If your student currently has an Individualized Education Plan (IEP) please attach the following documentation to your application:

- A copy of your students current IEP
- A copy of your student's initial evaluation or last triennial evaluation
- A transcript from the school last attended by your student

Copies of these documents may be obtained from the student's last attended school or school district offices. You can expect to be contacted by a Flagstaff Academy representative once your child has been chosen by lottery for the program. Once the necessary records are received, the Flagstaff Academy Intervention Team will review them. Flagstaff Academy wants all children to be successful here. As a school of choice, with a rigorous academic curriculum, it is important that we have the necessary resources to help each individual child to reach his/her potential. Each child's situation will be assessed on the basis of whether the resources are present for us to meet his/her needs. It may be necessary to discuss with you whether Flagstaff Academy's educational program is the best match for your student. Transition meetings will be held for all special education students in the spring, following the enrollment process.

How did you hear about Flagstaff Academy?

- Word of mouth – If referred by a current family, please name: _____
- Website
- SVVSD
- Colorado League of Charter Schools
- Ad in local publication – Please list the publication where you saw the advertisement: _____
- Direct Mailing
- Other: _____