

**DENVER PUBLIC SCHOOLS
MAGNET/SPECIAL SCHOOL PROGRAM APPLICATION 2009-2010
DENISON MONTESSORI PROGRAM**

**Denison Montessori Program
1821 So. Yates
Denver, CO 80219**

Note: Magnet schools and programs, like all district programs, will be reviewed annually as part of the district's budget development process. Therefore, approval of these guidelines does not ensure that resources will be available to continue operation of all programs or to continue operation of programs in their present format or location. (Procedures, Policy JC)

Directions

Please complete all of the information on ***both the front and back*** and return the application no later than January 30th. Be sure that you are provided with a receipt to verify that the application has been received. Additional application information may be required by a particular magnet school. Applications may be accepted after January 30th, 2008 based on available space. Proof of address will be required.

Please note tuition will be charged for 3 and 4 year olds and children 5 years old who are attending all day. Refer to the attached sheet for more detailed information.

Student Information

Student Name _____
(Last) (First) (Full Middle)

Male _____ Female _____

Date of Birth _____ Age _____
(Month/Day/Year)

Current Grade _____ Grade Applying for _____

Current school attending? _____ District _____

Previous Montessori School _____ Address _____

Please indicate the dominant language of the student. _____ Spanish _____ English
_____ Other – Specify _____

Does student have a brother or sister currently attending Denison? _____ Yes _____ No
Name _____ Grade _____

Parent Information

Parent/Guardian Name _____

Address _____ City _____

Zip Code _____ Home Phone _____

Daytime Phone _____ email address _____

Denison Montessori

**For Official Use Only
Magnet Priority**

1) Sibling _____
Sibling's Student ID# _____

2) Montessori Experience
_____ Previous Exp(a)
_____ Interrupted Exp (b)
_____ No Experience (c)

3) Residency
_____ Denver Resident(a)
_____ Non-Resident (b)

I understand that tuition is charged for the three, four, and extended day five-year old program. Some tuition assistance is available based on household income and families must qualify. Finally, I understand that all programs will be reviewed, and possibly modified, in developing the 2009-2010 school year budget.

Signature _____ **Date** _____

**RECEIPT OF APPLICATION
DENISON MONTESSORI PROGRAM**

Student Name _____
Date of Birth _____ Grade Applying for _____
Date Application Received _____

OFFICIAL STAMP



Note:

Applications may be accepted after **January 30th, 2008** based on available space. Notification of acceptance will be sent in writing. You must notify the program whether you accept or relinquish the position. *Failure to accept will place your child(ren) on the waitlist.*

If you are on a waiting list and have not been notified of a vacancy by the second semester, you need to reapply for the following year.

Tuition will be charged for three and four year-olds and the extended day five year-old program. Tuition assistance is available. To be considered for tuition assistance a Tuition Assistance application must be completed by.

NON-DENVER RESIDENTS MAY NOT APPLY FOR NOR RECEIVE TUITION ASSISTANCE.



For Official Use Only

Date _____	_____ Approved	_____ Accepted
	_____ Waitlisted	_____ Declined
	_____ Letter Sent	