

DENVER PUBLIC SCHOOLS

MAGNET/SPECIAL SCHOOL PROGRAM APPLICATION

KNIGHT FUNDAMENTAL ACADEMY



Knight Fundamental Academy
3245 E. Exposition Avenue
Denver, CO 80209

Application Deadline: Friday, January 30, 2009

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 to the school for which enrollment is being sought. Be sure that the school provides you 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 30, 2009 based on available space. Proof of residency will be required.

<u>For Official Use Only</u>		
Date _____	_____ Approved	_____ Accepted
	_____ Denied	_____ Declined
	_____ Letter Sent	

(OVER)

RECEIPT OF APPLICATION
KNIGHT FUNDAMENTAL ACADEMY

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

OFFICIAL STAMP



Note:
Applications may be accepted after January 30, 2009 based on available space. Notification of acceptance will be given in writing by March 2, 2009. You must notify the program by **March 13, 2009** whether you accept or relinquish the position. 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.



KNIGHT FUNDAMENTAL ACADEMY

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Student ID# _____

Sibling ID# _____

Geographic Priority? Y__ N__

Fall grade level confirmed _____

Pupil Information

Pupil Name _____

(Last)

(First)

Male _____ Female _____

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

Current Grade _____ Applying for Grade _____

Pupil's Current School _____

Parent Information

Parent/Guardian Name _____

Address _____ City _____ Zip Code _____

Home Phone _____ Work Phone _____

Applicant Priority

Does the pupil have a sibling who is currently enrolled in this program and will be enrolled in the program next year?
___ yes ___ no

If you answered "yes" to the above question, please provide the name of the sibling.

Sibling Name _____ Date of Birth _____

I understand that additional information may be required by the magnet/special school program and that all programs will be reviewed, and possibly modified, in developing the 2009-2010 school year budget.

Signature of Parent/Guardian _____ Date _____