

**DENVER PUBLIC SCHOOLS
SPECIAL SCHOOL PROGRAM APPLICATION
MATHEMATICS AND SCIENCE LEADERSHIP ACADEMY**

**Mathematics and Science Leadership Academy
451 S. Tejon Street
Denver, CO 80223**



Directions

Please complete all of the information on ***both the front and back*** and return the application. 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 school. Applications may be accepted after February 27, 2009 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.

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Student Information

Mathematics and Science Leadership Academy

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

Male _____ Female _____

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

Current Grade _____ Grade Applying for _____

Is student currently attending DPS? _____ Yes _____ No

If yes, please indicate school name _____

Student identification number _____

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

Does student have a brother or sister currently attending Rishel Middle School or Knowledge is Power Program (KIPP)? _____ Yes _____ No

Name _____ Grade _____

Parent Information

Parent/Guardian Name _____

Address _____ City _____

Zip Code _____ Home Phone _____

Day time Phone _____ email address _____

I understand that tuition is charged for the extended day five-year old program. Some tuition assistance is available based on household income and families must qualify.

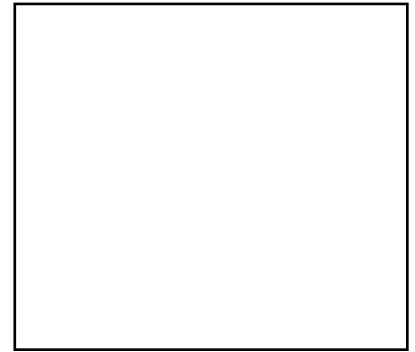
Signature of Parent/Guardian _____ Date _____

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| <p><u>FOR OFFICIAL USE ONLY</u></p> <p>1) Sibling ID# _____</p> <p>2) Family App _____</p> <p>3) Geographic Priority _____ In Priority Area 1 (a) _____ In Priority Area 2 (b) _____ In Priority Area 3 Denver Resident (c) _____ In Priority Area 4 Non-Denver Resident (d)</p> <p>4) Spanish Speaking _____</p> <p>Fall grade level confirmed _____</p> |
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**RECEIPT OF APPLICATION
MATHEMATICS ANDSCIENCE LEADERSHIP ACADMEY**

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

OFFICIAL STAMP



Note:

Applications may be accepted after ***February 27, 2009*** based on available space. Notification of acceptance will be given 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 the extended day five year-old program. Tuition Assistance is available. To be considered for tuition assistance, a Tuition Assistance Application must be completed.

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



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