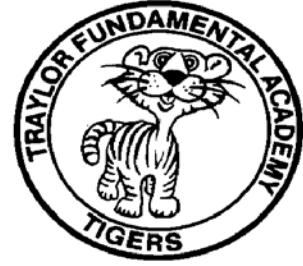


**DENVER PUBLIC SCHOOLS
FIRST ROUND MAGNET APPLICATION FOR GRADES 1-5**



TRAYLOR FUNDAMENTAL ACADEMY

**Traylor Fundamental Academy
2900 S. Ivan Way
Denver, CO 80227**

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 Traylor Fundamental Academy. Be sure that the school provides you with a receipt to verify that the application has been received. Additional application information required includes proof of residency (Excel or water bill in your name), student's birth certificate and immunization record. Second round applications may be accepted between March 2 – August 28, 2009 based on available space.

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

(OVER)

**RECEIPT OF APPLICATION
TRAYLOR FUNDAMENTAL ACADEMY**

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

OFFICIAL STAMP

Note:
First Round notification of acceptance will be given in writing by February 10, 2009. You must return the Accept/Decline letter to Traylor by **February 27, 2009**. Second Round applications may be accepted between March 2-August 28, 2009 based on available space.



TRAYLOR FUNDAMENTAL ACADEMY
First Round Magnet Application for Grades 1-5

OFFICIAL USE ONLY

Student ID# _____

Sibling ID# _____

Geographic Priority? Y___ N___

Fall grade level confirmed _____

Priority Number _____

Student Information

Student Name _____
(First) (Last)

Male _____ Female _____

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

Current Grade _____ Applying for Grade _____

Student's Current School _____

Parent Information

Parent/Guardian Name _____

Address _____ City _____ Zip Code _____

Home Phone _____ Day Phone _____

E-Mail Address _____ @ _____

Applicant Priority

Does the student 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 _____