

Denver Public Schools  
Knight Fundamental Academy

**APPLICATION FOR THE 2009-2010 SCHOOL YEAR**

**DIRECTIONS:** Please write legibly. Answer all questions completely.

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Pupil's Name \_\_\_\_\_  
(First) (Middle) (Last)

**ETHNICITY:**

\_\_\_\_\_ American Indian      \_\_\_\_\_ Black      \_\_\_\_\_ White  
\_\_\_\_\_ Asian      \_\_\_\_\_ Hispanic

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**LANGUAGE**

1. What was the first language this pupil spoke? \_\_\_\_\_
  2. What language(s) do you speak at home? \_\_\_\_\_
  3. What language(s) does the pupil speak/understand? \_\_\_\_\_
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**PLACE OF BIRTH:** Country \_\_\_\_\_ State \_\_\_\_\_

**PUPIL LIVES WITH:**

\_\_\_\_\_ Both parents      \_\_\_\_\_ Own mother      \_\_\_\_\_ Own father

If not with parents(s), with whom? \_\_\_\_\_

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**NAME OF YOUR CHILD'S LAST SCHOOL** \_\_\_\_\_

**SCHOOL'S ADDRESS** \_\_\_\_\_

**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **PHONE NO.** \_\_\_\_\_

**NAME OF YOUR CHILD'S TEACHER (2008-2009 SCHOOL YEAR)** \_\_\_\_\_

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**SPECIAL EDUCATION SERVICES**

1. Has your child ever been evaluated for possible assistance in a special education program?  
\_\_\_\_\_ Yes      \_\_\_\_\_ No
2. If the answer is yes, did he or she qualify for the program? \_\_\_\_\_ Yes      \_\_\_\_\_ No

Please complete the section on the other side.

**HANDICAPPING CONDITION**

**DATE DIAGNOSED**

Speech/language

\_\_\_\_\_

Learning disabilities

\_\_\_\_\_

Emotionally disturbed

\_\_\_\_\_

Hearing impaired

\_\_\_\_\_

Vision impaired

\_\_\_\_\_

Educable mentally handicapped (EMH)

\_\_\_\_\_

Trainable mentally handicapped (TMH)

\_\_\_\_\_

Physically handicapped

\_\_\_\_\_

Multiple handicaps

\_\_\_\_\_

Health impaired

\_\_\_\_\_

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**DID YOUR CHILD RECEIVE SPECIAL EDUCATION SERVICES IN HIS/HER LAST SCHOOL?**

YES \_\_\_\_\_ NO \_\_\_\_\_

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**HIGHLY GIFTED PROGRAM**

Has your child ever been tested/evaluated for the Highly Gifted Program? \_\_\_ Yes \_\_\_ No

Did your child receive services from the Highly Gifted or Challenge Programs? \_\_\_ Yes \_\_\_ No

at \_\_\_\_\_ School

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**PLEASE INITIAL EACH STATEMENT BELOW**

I understand that I will be asked to provide my child's most recent report card or school transcript (should be submitted with application or as soon as possible thereafter).

(Does not apply to kindergarten applicants). \_\_\_\_\_ Initial

I understand that parent attendance at a Back-to-School night is required. \_\_\_\_\_ Initial

(Back-to-School nights are in the evening close to the first week of school) **Call for dates.**

Parent's signature \_\_\_\_\_

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**FOR OFFICE USE ONLY**

\_\_\_\_\_ Transcript or Report Card provided \_\_\_\_\_ Birth Certificate provided

\_\_\_\_\_ Immunization Record provided \_\_\_\_\_ NCLB

Application processed by \_\_\_\_\_ Date \_\_\_\_\_