

**DENVER PUBLIC SCHOOLS
MAGNET/SPECIAL SCHOOL
PROGRAM APPLICATION**

**KNIGHT FUNDAMENTAL ACADEMY
AT HALLETT**



**Knight Fundamental Academy at Hallett
2950 Jasmine St.
Denver, CO 80207**

**Application Deadline extended:
Second round applications may be accepted through August 28, based on available space.**

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 required includes proof of residency (Excel or Water bill in your name), student's birth certificate, and immunization record.

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

(OVER)

**RECEIPT OF APPLICATION
KNIGHT FUNDAMENTAL ACADEMY AT HALLETT**

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

OFFICIAL STAMP



Note:
 Applications may be accepted THROUGH August 28, 2009 based on available space.
 Notification of acceptance will be given in writing within 10 school days of receipt.
 You must notify the program as soon as possible whether you accept or relinquish the position.



**KNIGHT FUNDAMENTAL ACADEMY
AT HALLETT**

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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 _____

Cell Phone _____ Email: _____

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 _____