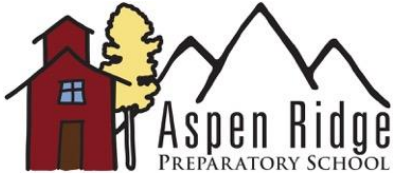


INTENT TO ENROLL FORM 2017-2018

FOR ALL NEW STUDENTS AND CURRENT PRESCHOOL STUDENTS



Student Name: _____

Date of Birth: ____/____/____ Gender (circle one): Male/Female

Grade Level for 2017-2018 (circle one): Preschool Kindergarten 1st 2nd 3rd 4th 5th 6th 7th 8th

Siblings already enrolled in ARPS (if applicable): _____

Parent/Guardian(s): _____

Home Phone: ____-____-____ Cell Phone: ____-____-____ Cell Phone: ____-____-____

Email Addresses: _____

Primary Address: _____

School district in which student resides: _____

Neighborhood school in which student resides: _____

Kindergarten Enrollment Information

- Student must be 5 years old by October 1, 2017
- Student must be 5 years old by October 1, 2018

Preschool Enrollment Information:

- Student must be 4 years old by October 1, 2017
- Possibility of 3yr old Program – M,T,W

Kindergarten Enrollment Preference:

Please designate 1st & 2nd choice:
____ Half Day Kindergarten – 8:15am-11:15am (no tuition)
____ Full Day Kindergarten – 8:15am-3:10pm

2018.2019 Enrollment for Kindergarten

Twelve Half Day and Twenty-Four Full Day Accepted early
Please designate 1st & 2nd choice:
____ Half Day Kindergarten – 8:15am-11:15am (no tuition)
____ Full Day Kindergarten – 8:15am-3:10pm

Preschool Enrollment & Preference:

Please designate 1st & 2nd choice:
____ AM Preschool – M, T, W & Th from 8:15am-11:00am
____ PM Preschool – M, T, W & Th from 12:00pm-2:45pm
____ 3 yr. old Preschool – M, T, W from 8:15am-10:30am

I understand that by submitting this form, I am applying for admission to ARPS for the 2017-2018 school year and my child will be entered into the ARPS Enrollment Lottery. I will be notified via email immediately following the Enrollment Lottery of the status of this application. If selected for enrollment, I must complete the enrollment process within two weeks of notification in order to hold my child's position within the school and confirm enrollment. The details of this process will be outlined in the notification email and will include an online registration through St. Vrain Valley School District and a registration fee. I am responsible for notifying the office of any contact information changes.

PARENT/GUARDIAN SIGNATURE

DATE