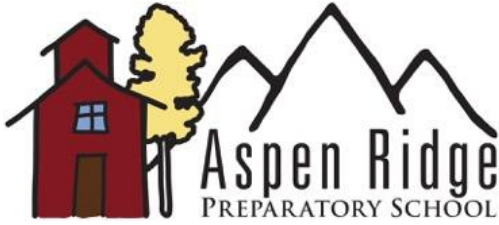


# INTENT TO ENROLL FORM 2018-2019

FOR ALL NEW STUDENTS AND CURRENT PRESCHOOL STUDENTS



Student

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Gender (circle one): Male or Female

Grade Level for **2018-2019** (circle one): Kindergarten 1<sup>st</sup> 2<sup>nd</sup> 3<sup>rd</sup> 4<sup>th</sup> 5<sup>th</sup> 6<sup>th</sup> 7<sup>th</sup> 8<sup>th</sup>

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, 2018
- Student must be 5 years old by October 1, 2019

## 2018.2019 Kindergarten Enrollment Preference:

Please designate 1<sup>st</sup> & 2<sup>nd</sup> choice:  
\_\_\_\_ Half Day Kindergarten – 8:15am-11:15am (no tuition)  
\_\_\_\_ Full Day Kindergarten – 8:15am-3:10pm

## 2019.2020 Enrollment for Kindergarten

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

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