

For Office Use Only:

- □ Received LOI email sent
- □ Confirmed acceptance in program
- □ All Have

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2024/2025 2023/2024 2025/2026 2026/2027 2027/2028 Circle School Year: 1st Parent/ Guardian Name: ______ Relationship: □Mother □Father □ Guardian Best Contact Phone:_____ Email:_____ 2nd Parent/ Guardian Name: ______ Relationship: □Mother □Father □ Guardian Best Contact Phone: _____ Email: _____ Home Address:_____ Zip What District do you reside in? ______ Your child's designated school:_____ How did you hear about RMCA? □ Radio □ Friend: □ Other: A child must be 5 years old by October 1st in order to register for kindergarten. Please list any younger siblings who might attend in future years. They will be added to our waiting list. Child's Full Name Enrollment **Birth Date Current School** Grade (First, middle and last name.) mm/dd/yyyy Kindergarten 1 2 3 4 5 6 7 8 9 10 11 12 Kindergarten 1 2 3 4 5 6 7 8 At time of enrollment, if a 9 10 11 12 student/students has an IEP Kindergarten or 504 plan, a copy of the 1 2 3 4 5 6 7 8 plan will be required to 9 10 11 12 determine proper Kindergarten placement. 1 2 3 4 5 6 7 8 9 10 11 12 Kindergarten 1 2 3 4 5 6 7 8 9 10 11 12 I am interested in sending my child(ren) to Rocky Mountain Classical Academy Homeschool Program a part of a District 49 charter school, as indicated below. I am aware that this letter in no way guarantees my child's enrollment in this school, nor does it legally bind me to enroll my child(ren). Parent/ Guardian Signature: Date: Parent/ Guardian Printed Name: