ROCKY MOUNTAIN CLASSICAL ACADEMY

Letter of Intent to Enroll 2012/2013

For Office Use Only

Date Received:_____ 1st contact made: _____
Received by: _____ 2nd contact made:_____

Parent/Guardian Name: Mother _____ **Father** _____ **Guardian** _____

Mother: Phone: (primary)_____ **(cell)** _____ **(work)** _____ **(email)**_____

Father: Phone: (primary)_____ **(cell)** _____ **(work)** _____ **(email)**_____

Guardian: Phone: (primary)_____ **(cell)** _____ **(work)** _____ **(email)**_____

Home Address: _____
Street **City** **State** **Zip**

What District do you reside in? _____ **Your child's designated school?** _____

I, _____, am interested in sending my child(ren) to Rocky Mountain Classical Academy, 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: _____

(signature required for enrollment consideration)

For a child entering kindergarten, do you prefer ❑AM Half Day ❑PM Half Day ❑Full Day

Select Campus *E = K-5th, M = 6th-8th H = Home School: K-10th*	Child's Full Name	Date of Birth	Grade Entering August 2012	What school does your child Currently Attend?	Current or Previous IEP?	Current or Previous 504?
E M H			Kindergarten 1 2 3 4 5 6 7 8		❑ YES ❑ NO	❑YES ❑ NO
E M H			Kindergarten 1 2 3 4 5 6 7 8		❑YES ❑NO	❑YES ❑NO
E M H			Kindergarten 1 2 3 4 5 6 7 8		❑YES ❑NO	❑YES ❑NO
E M H			Kindergarten 1 2 3 4 5 6 7 8		❑YES ❑NO	❑YES ❑NO

PLEASE FAX OR MAIL THIS FORM TO OUR PO BOX ADDRESS. THANK YOU FOR YOUR INTEREST IN RMCA!

Elementary (K-5)
Physical Address:
1710 Piros Dr
C/S, CO 80915
719-622-8000 (office)
719-622-8004 (fax)

Hours:
M-F: 7:45am-2:45pm

Middle School (6-8)
Physical Address:
3850 Pony Tracks Dr
C/S, CO 80922
719-622-8000 (office)
719-380-5568 (fax)

Hours:
M-F: 8:00am-3:00pm

Home School (K-10)
Physical Address:
3525 Akers Dr #110
C/S, CO 80922
719-591-5666 (office)
719-380-5568 (fax)

Hours:
M-F: 8:00am-3:00pm

MAILING ADDRESS ALL CAMPUSES:
PO Box 77078
C/S, CO 80970

Web:
www.rmcacs.org