



## Enrollment Process

1. Complete this application packet, making sure both student and parent/guardian sign in all the appropriate places.
2. Sign the student handbook.
3. Submit application **with** current transcript. Applications without one cannot be processed. Unofficial transcripts are accepted. Also include your current immunization records,
4. Interview with the principal.

Once your application has been processed...

- You will be contacted about the time of your intake testing. *Students who do not show up for their intake testing may forfeit their spot for that quarter.*
- You will receive an enrollment packet in the mail which includes calendars, schedules, etc.

### Contact Information:

Patrick Fisher, Principal  
Phone: 303-847-7582  
Patrick.Fisher@denverstreetschool.org  
Fax: 303-942-6055



## Student Application

Name: \_\_\_\_\_ **M**  
Last First Middle **F**

Date of Birth: \_\_\_\_\_ Age \_\_\_\_\_ Primary Language: \_\_\_\_\_ English Proficiency: Yes No

Do you need nursery services at school? \_\_\_\_\_ Names, ages of children: \_\_\_\_\_

**Family Contact Information:**  Please check primary Daytime Contact

**Mother/Guardian**

**Father/Guardian**

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

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

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Primary Language: \_\_\_\_\_

Primary Language: \_\_\_\_\_

English Proficiency: Yes No

English Proficiency: Yes No

Legal Access to Records: Yes No

Legal Access to Records: Yes No

**Student Contact Information:**

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

City: \_\_\_\_\_

Student Cell Phone: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Other Contact Information:**

	<u>Name</u>	<u>County/Agency</u>	<u>Phone</u>
Social Worker:	_____	_____	_____
Guardian ad Litem:	_____	_____	_____
Diversion Officer:	_____	_____	_____
Probation Officer:	_____	_____	_____
Other:	_____	_____	_____

**Medical & Psychological Report – by Parent/Guardian**

**Student Full Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

Does the student wear glasses or contacts? **Y N** Does the student wear a hearing aid? **Y N**

Identify all illnesses or disorders s/he has been officially diagnosed with at any time in their life: <input type="checkbox"/> None.			
<input type="checkbox"/> Asthma	<input type="checkbox"/> Conduct Disorder	<input type="checkbox"/> Anxiety Disorder	<input type="checkbox"/> ADD/ADHD
<input type="checkbox"/> Tuberculosis	<input type="checkbox"/> Depression	<input type="checkbox"/> Schizophrenia	<input type="checkbox"/> Learning Disability
<input type="checkbox"/> Hepatitis	<input type="checkbox"/> Bipolar Disorder	<input type="checkbox"/> Oppositional Defiance	<input type="checkbox"/> Emotional Disability
<input type="checkbox"/> Seizure Disorders	<input type="checkbox"/> Borderline	<input type="checkbox"/> Eating Disorders	<input type="checkbox"/> Hearing Disability

List and describe other medical or psychological concerns or conditions not identified above:

List all allergies:

No Allergies

List all medications s/he is currently taking or supposed to be taking (including *as-needed* medications):

No prescription medications

Medication	Dose	For Condition...	Taken at School?	Side Effects	N A
			Time:		
			Time:		
			Time:		

Name

Phone

Address

**Local Doctor:** \_\_\_\_\_

**Counselor or  
Psychologist:** \_\_\_\_\_

**Psychiatrist:** \_\_\_\_\_

**Emergency  
Contact:**  
(non-parent) \_\_\_\_\_

**Insurance  
Company:** \_\_\_\_\_ **Policy Number:** \_\_\_\_\_

*The Denver Street School may, at my child's request, provide Acetaminophen, Ibuprofen, Tums, or antihistamine as needed without further parental permission.*

\_\_\_\_\_  
Parent/Guardian Signature      Date

*If a parent or emergency contact can't be made, I give permission for my child to receive necessary emergency medical treatment.*

\_\_\_\_\_  
Parent/Guardian Signature      Date

*I understand that all prescription medication brought to school must be held in the principal's office (except Asthma inhalers).*

\_\_\_\_\_  
Parent/Guardian Signature      Date

# Educational Self-Report – *Please have the student complete*

**Full Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**School History** (in order)

Elementary Schools Attended	Grade Level	How well did you do academically? Any significant events?
Middle Schools Attended	Grade Level	How well did you do academically? Any significant events?
High Schools Attended	Grade Level	How well did you do academically? Any significant events?

**Rate your skill level for these areas as follows: Terrible ① to Excellent ⑤**

Multiplication Tables	①②③④⑤	Paying attention in class	①②③④⑤
Fractions	①②③④⑤	Completing assignments	①②③④⑤
Reading	①②③④⑤	Organization	①②③④⑤
Writing	①②③④⑤	Behaving appropriately	①②③④⑤
Spelling	①②③④⑤	Motivated to learn	①②③④⑤

Have you *EVER* received services from a Special Education Department at any time during your schooling?  
**Y N**

Describe why you received these services, and how helpful you feel they were.

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Have you ever been out of school for an extended amount of time? If yes, explain:

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Under what conditions did you leave your last school?

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List the obstacles that have prevented you from being successful in school:

- ◆
- ◆
- ◆
- ◆
- ◆
- ◆

What could you have done differently?

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What choices will you make to ensure that your experience at Denver Street School is different than your past experience(s)?

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What support systems do you and/or family have that you can trust? (coach, church, family friends, etc.)

- ◆
- ◆
- ◆
- ◆
- ◆
- ◆

The Denver Street School admits students of any race, color, religion, sexual orientation, and national or ethnic origin to all the rights and privileges, programs, and activities generally accorded or made available to the students at this school. It does not discriminate on the basis of race, color, religion, sexual orientation, and national origin in the administration of its educational policies and other school administrative programs.

*I affirm that I have completed this form with accurate and complete data, omitting no requested information.*

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Standards of Conduct Contract – Student

Denver Street School is a Christian high school dedicated to providing quality education in a positive environment that encourages academic excellence, high moral standards, and personal discipline. The following standards of conduct express beliefs, attitudes, and values that the school deems essential to the success of its students. Each student needs to read, agree to, and apply its contents. A student will not be allowed to enroll if this signed contract is not on file.

- I understand that **consistent attendance** is necessary for success. I will make every effort to be in class on time every day that school is in session.

\_\_\_\_\_ Student Initials

- I understand that **respect** is necessary for success. With my words and my actions, I will show respect to other students, staff, visitors, and school property at all times. I will not demonstrate any gang affiliation or violent intentions at any time. I will resolve all conflicts peacefully, seeking help when necessary. I understand that teachers and principals are authorities and will demonstrate respect by following their directives and requests.

\_\_\_\_\_ Student Initials

- I understand that **the Denver Street School is safe, neutral territory for all students** and that gang affiliation as exhibited through, but not limited to, gang-related language, whistling, or other “signals or signs,” wearing predominantly gang colors, wearing clothing with any sort of gang symbols or signifiers, wearing their clothing in a way that signifies a gang affiliation, writing any kind of symbols, names, numbers, etc. on anything in the building including their notebooks, papers, etc., or using fonts, file names or anything else gang-related on the school computers and/or on any work done on the school computers will not be tolerated.

\_\_\_\_\_ Student Initials

- I understand that **hard work** is necessary for success. I will complete my assignments on time, and I know that this will frequently mean working on assignments outside of school hours. I will ask questions of my teachers whenever I am unclear about the material. I will revise my work as needed and study consistently so that I can show mastery on assessments.

\_\_\_\_\_ Student Initials

- I understand that **consistent focus** is necessary for success. I will not use or be under the influence of drugs or alcohol during school hours or events. I will avoid the use of cell phones, music, or any other distractions during class times. I will help others remain



focused by wearing school-appropriate clothing and demonstrating proper classroom behavior.

\_\_\_\_\_ Student Initials

- I understand that **exploring my beliefs** is necessary for success. I will participate in discussions about different faiths and beliefs, whether I agree with those specific beliefs or not. I will examine what my own beliefs are and how they influence me.

\_\_\_\_\_ Student Initials

- I understand that **an investment** is necessary for success. Each quarter, I will pay tuition to the school or complete community service hours. I understand that the school will not be able to release my records or my diploma until this is completed.

\_\_\_\_\_ Student Initials

- I understand that **seeking help** is necessary for success. If, at any time, I am having trouble meeting these expectations, I will seek help from trusted classmates, teachers, or the principal.

\_\_\_\_\_ Student Initials

I understand that these expectations are necessary for my success at DSS. I understand that any refusal or inability to follow these expectations may result in loss of attempted credits and/or dismissal from DSS.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Standards of Conduct Contract – Parent/Guardian

Denver Street School is a Christian high school dedicated to providing a quality education in a positive environment that encourages academic excellence, high moral standards, and personal discipline. The following standards of conduct express beliefs, attitudes, and values regarding positive parental involvement that the school deems essential to the success of its students. Each parent/guardian needs to read, agree to, and apply its contents. A student under the age of 18 will not be allowed to enroll if this signed contract is not on file.

- I understand that **consistent attendance** is necessary for success. I will provide or arrange transportation that gets my student to school before classes start each morning and home after school is over each day. I will attempt to schedule appointments after school or on days when my student does not have classes.  
\_\_\_\_\_ Parent/Guardian Initials
- I understand that **consistent focus** is necessary for success. I will not interrupt my student during class time via classroom visits or by cell phone. When a family emergency occurs, I will contact the school office to get an immediate message to my student.  
\_\_\_\_\_ Parent/Guardian Initials
- I understand that **respect** is necessary for success. With my words and my actions, I will show respect to all students, staff, visitors, and school property at all times. I will not demonstrate any gang affiliation or violent intentions at any time. I will resolve all conflicts peacefully. I understand that teachers and principals are authorities in my students' lives and will demonstrate respect in all interactions with them.  
\_\_\_\_\_ Parent/Guardian Initials
- I understand that **communication** is necessary for success. When questions or concerns come up, I will call or email the principal and/or teachers to discuss any relevant issues.  
\_\_\_\_\_ Parent/Guardian Initials
- I understand that **hard work** is necessary for success. I expect my student to have assignments that need to be completed at home and will provide the best possible conditions to help my student get the work completed.  
\_\_\_\_\_ Parent/Guardian Initials

- I understand that **an investment** is necessary for success. Each quarter, I will pay tuition to the school or help arrange for my student to complete community service hours. I understand that the school will not be able to release my child's records or diploma until this is completed.

\_\_\_\_\_ Parent/Guardian Initials

- I understand that **seeking help** is necessary for success. If at any time I am having trouble meeting these expectations, I will seek help from DSS staff or other personal resources.

\_\_\_\_\_ Parent/Guardian Initials

I understand that these expectations are necessary for my student's success at DSS. I understand that any refusal or inability to follow these expectations may result in the loss of my student's attempted credits and/or dismissal from DSS.

Parent/Guardian Signature: \_\_\_\_\_

# Activity & Field Trip Participation Agreement

## Activity Information *(to be completed by the activity sponsor)*

Name of sponsoring organization: Denver Street School

Address: PO Box 140069 Denver, CO 80214

Name of sponsor's coordinator: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of sponsor's coordinator: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of sponsor's coordinator: \_\_\_\_\_ Phone: \_\_\_\_\_

Date(s) and location of activity: varies throughout the school year

## Participant Information *(To be completed by participant or authorized guardian)*

Name of participant: \_\_\_\_\_

Name of parents/guardians: \_\_\_\_\_

Address: \_\_\_\_\_

Phone (day): \_\_\_\_\_ Phone (evening): \_\_\_\_\_

Name of emergency contact: \_\_\_\_\_

Telephone (day): \_\_\_\_\_ Telephone (evening): \_\_\_\_\_

List allergies or medical conditions: \_\_\_\_\_

Is sponsor authorized to approve medical treatment?  Yes  No

Is participant covered by personal/family medical insurance?  Yes  No

If yes, name of insurer: \_\_\_\_\_

Policy or group number: \_\_\_\_\_

## Participation Agreement

I acknowledge that participation in the activity described above may involve risk to the Participant (and to Participant's parents or guardians, if Participant is a minor), and may result in various types of injury including, but not limited to, the following: sickness, bodily injury, death, emotional injury, personal injury, property damage and financial damage.

In consideration for the opportunity to participate in the activity described above (the "Activity"), the Participant (or parent/guardian if Participant is a minor) acknowledges and accepts the risks of injury associated with participation in and transportation to and from the Activity. The Participant (or parent/guardian) accepts personal financial responsibility for any injury or other loss sustained during the Activity or during transportation to and from the activity, as well as for any medical treatment rendered to the Participant that is authorized by the Sponsor or its agents, employees, volunteers, or any other representatives (collectively referred to hereinafter as the "Activity Sponsor"). Further, the Participant (or parent/guardian) releases and promises to indemnify, defend, and hold harmless the Activity Sponsor for any injury arising directly or indirectly out of the described Activity or transportation to and from the Activity, whether such injury arises out of the negligence of the Activity Sponsor, the Participant, or otherwise.

If a dispute over this agreement or any claim for damages arises, the Participant (or parent/guardian) agrees to resolve the matter through a mutually acceptable alternative dispute resolution process. If the Participant (or parent/guardian) and the Activity Sponsor cannot agree upon such a process, the dispute will be submitted to a three-member arbitration panel for resolution pursuant to the rules of the American Arbitration Association.

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_



## Family Demographics

This information is for school data purposes only. It will not be considered for enrollment at the Denver Street School.

**Student #1 name:** \_\_\_\_\_ Date of birth: \_\_\_\_\_ Gender: M / F  
 Ethnicity: *African American/ Black*    *Hispanic*    *Caucasian/White*    *Native American*  
                   *Asian/ Pacific Islander*                    *Multiracial*                    *Other:* \_\_\_\_\_

**Student #2 name:** \_\_\_\_\_ Date of birth: \_\_\_\_\_ Gender: M / F  
 Ethnicity: *African American/ Black*    *Hispanic*    *Caucasian/White*    *Native American*  
                   *Asian/ Pacific Islander*                    *Multiracial*                    *Other:* \_\_\_\_\_

**Student #3 name:** \_\_\_\_\_ Date of birth: \_\_\_\_\_ Gender: M / F  
 Ethnicity: *African American/ Black*    *Hispanic*    *Caucasian/White*    *Native American*  
                   *Asian/ Pacific Islander*                    *Multiracial*                    *Other:* \_\_\_\_\_

How many people are currently living in your family’s home? \_\_\_\_\_

For your household size, are you above the household income listed in this chart?                    YES    NO

<b>Household Income</b>			
Household size	Yearly	Monthly	Weekly
1	\$21,590	\$1,800	\$416
2	\$29,101	\$2,426	\$560
3	\$36,612	\$3,051	\$705
4	\$44,123	\$3,677	\$849
5	\$51,634	\$4,303	\$993
6	\$59,145	\$4,929	\$1,138
7	\$66,656	\$5,555	\$1,282
8	\$74,167	\$6,181	\$1,427
Each additional person:	\$7,511	\$626	\$145

Providing accurate information will increase your family’s opportunity to receive tuition assistance. What is your family’s household income?

\$\_\_\_\_\_ Yearly    Monthly    Weekly **(circle one)**

Would you like more information on our ACE Scholarship program?    Yes    No

<https://online.factsmgt.com/grant-aid/inst/4N9YC/landing-page> (online application to receive scholarship money)