



The Denver Street School

Student Enrollment 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:

Name

County/Agency

Phone

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 his/her life: <input type="radio"/> None			
<input type="radio"/> Asthma	<input type="radio"/> Conduct Disorder	<input type="radio"/> Anxiety Disorder	<input type="radio"/> ADD/ADHD
<input type="radio"/> Tuberculosis	<input type="radio"/> Depression	<input type="radio"/> Schizophrenia	<input type="radio"/> Learning Disability
<input type="radio"/> Hepatitis	<input type="radio"/> Bipolar Disorder	<input type="radio"/> Oppositional Defiance	<input type="radio"/> Emotional Disability
<input type="radio"/> Seizure Disorders	<input type="radio"/> Borderline	<input type="radio"/> Eating Disorders	<input type="radio"/> 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	NA
			Time:		
			Time:		
			Time:		

<u>Name</u>	<u>Phone</u>	<u>Address</u>
Local Doctor: _____	_____	_____
Counselor or Psychologist: _____	_____	_____
Psychiatrist: _____	_____	_____
Emergency Contact: <small>(non-parent)</small> _____	_____	_____
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
---------------------------	------

In the event that no parent or emergency contact can 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 – by Student

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.

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

Under what conditions did you leave your last school?

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

- ♦
- ♦
- ♦
- ♦
- ♦
- ♦

What could you have done differently?

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

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 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 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 **hard work** is necessary for success. I will complete my assignments on time, and I understand 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 (SEE NOTE BELOW)** 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: _____

NOTE: Though much of the \$11,000 a year it takes to educate you is covered through fundraising, we ask our families to contribute \$50 per quarter to their child's education and we charge a once yearly technology fee of \$25. Students may earn tuition credit for passing all their classes in a quarter, working here after school, doing additional community service projects through the school, or serving at our fundraising events. Payment plans are also available.

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 class room 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 **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 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: Denise Gleason Telephone: 303-847-7582

Name of sponsor's coordinator: Allison Millmore Telephone: 720-935-2154

Description of activity: School field trips and retreats

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: _____

Telephone (Day): _____ Telephone (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: _____

Video & Photography Release Form

I _____ hereby grant to Denver Street School ("Video / Photographer") the absolute and irrevocable right and unrestricted permission to use, re-use, display, distribute, transmit, publish, re-publish, copy, either in whole or in part, either digitally, in print, or in any other medium now or hereafter known, for any purpose whatsoever and without restriction, photographs/video taken of me, or in which I may be included; to alter the same without restriction; and to copyright the same.

I understand and agree that Video / Photographer may or may not use my name in conjunction with the photographs as he or she so chooses.

I hereby release and discharge Video / Photographer, and his or her agents, representatives, and assignees from any and all claims and demands arising out of or in connection with the use of the photographs, including without limitation any and all claims for invasion of privacy, right of publicity, and defamation.

Consent. I represent that I have read the foregoing and fully understand its contents. This release shall be binding upon me, my heirs, legal representatives, and assigns.

Entire Agreement. This Agreement contains the entire agreement between the parties relating to the subject matter hereof and supersedes any and all prior agreements or understandings, written or oral, between the parties related to the subject matter hereof. No modification of this Agreement shall be valid unless made in writing and signed by both of the parties hereto.

Governing Law. This Agreement shall be governed by and construed in accordance with the laws of the State of Colorado. Exclusive jurisdiction and venue shall be in the Jefferson County, Colorado Superior Court.

Binding Effect. This Agreement shall be binding upon and inure to the benefit of Video / Photographer and their respective successors and assigns, provided that Photographers may not assign any of his obligations under this Agreement without the undersigned's prior written consent.

Print Student Name Student Signature Date

Present Address of Student: _____ Telephone: _____

If the person appearing in the Project is under the age of 18, his/her parent or legal guardian must sign release.

I represent that I am the parent or legal guardian of _____, that I have read and fully understand the contents of this release, and that I consent to this release on behalf of : _____

Print Name of Parent/Guardian Signature of Parent/Guardian Date

Present Address of Parent/Guardian: _____ Telephone: _____

Student Demographics

This information is for data purposes only and will not be taken into account for acceptance into Denver Street School.

Name: _____

Date of Birth: _____

Gender: M F

Ethnicity: African American/Black
Hispanic
Caucasian/White
Native American
Asian/Pacific Islander
Multiracial
Other: _____

How many people live in the home? _____

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

For School Year 2014-2015			
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 scholarship assistance. What is your family's household income? _____ YEARLY MONTHLY WEEKLY (Circle one)