



STUDENT INFORMATION

Last Name First Name Middle Name

Preferred Name/Nickname Birthdate Sex: M F

Race/Ethnicity (optional): _____

Is there a sibling also applying to Highlands Micro School? Y N

PARENT/GUARDIAN INFORMATION

Parent/Guardian 1

Parent/Guardian 2

Parent/Guardian 1 Spouse/Partner

Parent/Guardian 2 Spouse/Partner

Parent Guardian 1 Address

Parent/Guardian 2 Address

City State Zip

City State Zip

Parent/Guardian 1 Primary Phone

Parent/Guardian 2 Primary Phone

Parent/Guardian 1 Secondary Phone

Parent/Guardian 2 Secondary Phone

Parent/Guardian 1 Occupation/Employer

Parent/Guardian 2 Occupation/Employer

Parent/Guardian 1 E-Mail

Parent/Guardian 2 E-Mail

Does child live with both parents? Y N

If no, with whom does the child live? _____

If child lives with a guardian, name of guardian and relationship to child: _____

How did you hear about Highlands Micro School?

Friend Acquaintance Website Flyer
 Saw the School Location Other Advertisement Other: _____

The purpose of these questions is to better understand your expectations and to aid us in finding the best match with families that will thrive in our environment and contribute positively to our community. Please print or type your responses to the following questions. Attach additional sheets if necessary.

1. Educational & Peer Group Experience

Name of Preschool, Elementary School, Homeschool Experience and/or Peer Group Experience	City, State	Start Date	End Date	Grades Attended	Grades Completed

2. Why are you considering Highlands Micro School for your child?

3. What are your educational goals for your child and how do you see Highlands Micro School facilitating these goals?

4. What situations or activities does your child enjoy or excel in? What situations or activities cause tension or stress for your child?

5. Has your child ever been suspended or withdrawn from school or other organized activities? If yes, please describe the situation.

6. Please describe any diagnosed or undiagnosed special needs that your child has (educational, physical, medical or psychological). If your child has received any testing or evaluations that would relate to their academic or social performance, **please send copies** of the results to Highlands Micro School with your application.

7. Because we believe that parents play a critical role in their child's educational experience, Highlands Micro School expects parent participation and support. Are you able and willing to contribute time, and/or resources to make a richer learning environment?

8. Highlands Micro School relies on the strong and enthusiastic energy of our parents to enrich student learning and school community. What skills and talents are you willing to share with us if given the opportunity?

9. Please share anything else about your child or yourself that you feel would help us know you better.

COMPLETING AND SUBMITTING YOUR APPLICATION

Submit ALL of the following items in your application to:

Highlands Micro School
3719 Perry Street
Denver, CO 80212
anne@highlandsmicroschool.com

- Completed Application Form
- \$100 Application Fee per Student (non-refundable)
- Teacher Evaluation Form
- Relevant copies of evaluation and test results (medical, educational, psychological)
- You must also attend an information meeting and/or school tour (contact anne@highlandsmicroschool.com to schedule)

By my signature below, I submit that everything in this application is true and accurate to the best of my knowledge.

Signature	Today's Date
-----------	--------------

SERVING STUDENTS WITH SPECIAL NEEDS

While Highlands Micro School makes every effort to accommodate many unique student needs, at this time we do not have the resources to provide services for students with certain special needs. Please contact us immediately if you have questions or concerns regarding your child.

NON-DISCRIMINATION POLICY

Highlands Micro School does not discriminate on the basis of religion, race color, creed, national of ethnic origin, sexual orientation, family make-up or circumstances or any other legally protected status in the hiring of staff or in the administration of educational policies or programs, admissions policies or any other school administered programs.

Office Use Only

Application Received on: _____

Items received:

___ Application Fee - Date Rec'd: _____ ___ Teacher's Evaluation Form – Date Rec'd: _____

___ Tour Completed: _____ ___ Copies of Evaluation/Test Results Date Rec'd: _____

Reviewed by: _____ Reviewer 2: _____