



Summit Academy

Enrollment Application



5590 W Evans Ave.
Denver, CO 80227
Office: (720) 424-2400

Fax: (720) 424-2410

Website: <https://summit.dpsk12.org>

INSTRUCTIONS:

Everything needs to be filled to the best of your ability. Incomplete applications will **NOT** be considered.

REQUIRED DOCUMENTS

- | | | |
|--|--|---|
| <input type="checkbox"/> Immunizations record | <input type="checkbox"/> Attendance | <input type="checkbox"/> Proof of address (Xcel,water bill) |
| <input type="checkbox"/> School transcript | <input type="checkbox"/> IEP/504 if applicable | |
| <input type="checkbox"/> Copy of birth certificate | <input type="checkbox"/> Behavior Report | |

Select one: **Middle School** **High School**

Grade interested in: **6th** **7th** **8th** **9th** **10th** **11th** **12th** **GED** **Summit Connect**

Select all that applies: **IEP** **ALP** **ILP** **ELL** **504**

Student name: _____

D.O.B _____ Age: _____ Gender: _____

Cell phone number: _____ Email: _____

Address: _____

City: _____ Zip code: _____

School most recently attended: _____

Year attended: _____

Do you know anyone who currently attends or attended Summit Academy: Yes: ___ No: ___

Who: _____ Relationship: _____

Parent/Guardian Information - Informacio de padres/tutores

Parent/Guardian 1 Name - Nombre de padre/tutor 1 _____

Phone number - Telefono : _____ Email - Correo: _____

Address - Direccion : _____

City - Ciudad: _____ Zip code - Codigo postal: _____

Parent/Guardian 2 Name - Nombre de padre/tutor 2: _____

Phone number - Telefono : _____ Email - Correo: _____

Address - Direccion : _____

City - Ciudad: _____ Zip code - Codigo postal: _____

The following sections are to be completed by STUDENTS ONLY

Using complete sentences, please answer the following questions.

1- Tell us what you love the most about your school experience and why?

2- What support do you need from Summit to be successful?

3- What are three academic goals that you would like to accomplish at Summit Academy?

Challenges you have faced in the past or are currently facing? Select all that apply.

- | | | |
|--|-------------------------------------|--|
| <input type="checkbox"/> Truancy Court | <input type="checkbox"/> Dropout | <input type="checkbox"/> Substance Abuse |
| <input type="checkbox"/> Incarceration | <input type="checkbox"/> Attendance | <input type="checkbox"/> Pregnancy/Parenting |
| <input type="checkbox"/> Homelessness | <input type="checkbox"/> Anxiety | <input type="checkbox"/> Working Obligations |
| <input type="checkbox"/> Foster Care | <input type="checkbox"/> Depression | |

- Mental Health please explain: _____
- Loss of parent/sibling please explain: _____
- Behavior - please explain: _____
- Family obligations – please explain: _____
- Health issues – please explain: _____

Select all the areas that you need support in:

- | | | |
|---|--|--|
| <input type="checkbox"/> Math | <input type="checkbox"/> Employment | <input type="checkbox"/> Eating Habits |
| <input type="checkbox"/> Language Arts | <input type="checkbox"/> Organization | <input type="checkbox"/> Peer Pressure |
| <input type="checkbox"/> Science | <input type="checkbox"/> Social Skills | <input type="checkbox"/> Single Parent Household |
| <input type="checkbox"/> Social Studies | <input type="checkbox"/> Self-esteem | <input type="checkbox"/> Childcare |
| <input type="checkbox"/> Grief and Loss | <input type="checkbox"/> Relationships | <input type="checkbox"/> Housing |
| <input type="checkbox"/> Substance Abuse | <input type="checkbox"/> Health/Wellness | <input type="checkbox"/> Depression |
| <input type="checkbox"/> Anger Management | <input type="checkbox"/> Goal Setting | |
| <input type="checkbox"/> Gangs | <input type="checkbox"/> Time Management | |

Other: _____

Please list your favorite subject/classes, and interest/hobbies:

RECOMMENDATION FORM 1

To be completed by a previous/current teacher. **NOT A FAMILY MEMBER.**

Student name: _____

Current School: _____ Grade: _____

Evaluator's Name: _____

Relationship to student: _____

Title: _____ Years knowing the student: _____

Academic Performance	Rarely	Some of the time	Most of the time	Always
Turns in assignments				
Assignments are completed to the best of the student's ability				
Stays focused in class				
Is on time to class				
Has appropriate interactions with students				
Has appropriate interactions with adults				
Contributes to class discussion				
Responds well to redirection				
Advocates for needed supports				

In your professional opinion, what supports would this student most benefit from, in order to increase his/her/their academic achievement?

Other comments:

RECOMMENDATION FORM 2

Must be filled by a current/previous teacher, coach, pastor, mentor but **NOT A FAMILY MEMBER.**

Student name: _____

Current School: _____ Grade: _____

Evaluator's Name: _____

Relationship to student: _____

Title: _____ Years knowing the student: _____

PERSONAL ATTRIBUTES	Rarely	Some of the time	Most of the time	Always
Respectful to peers				
Respectful to adults				
Self-motivation				
Willingness to take risks				
Supports others				
Personal accountability				
Shows empathy towards others				
Positive attitude				
Emotional maturity				
Self-confidence				
Demonstrates resilience				

In your experience, what interventions best support this student when he/she is escalated, withdrawn, frustrated, or otherwise emotionally distraught?

Other Comments:
