

Ano asistido

Summit Academy

Aplicacion de Inscripcion

5590 W Evans Ave. Denver, CO 80227



Oficina: (720) 424-2400 Fax: (720) 424-2410

Sitio web: https://summit.dpsk12.org

Instrucciones: Todo debe llenarse lo mejor que pueda. **No se aceptaran** aplicaciones incompletas.

| Registro de inmunizacion | Asistencia Escolar | Comprobante de domicilio | Transcrito Escolar | Transcrito Escol

Ciudad: _____ Codigo de postal: _____

Quien: Relacion:

Ultima escuela a la que ha asistido ______

Conoce a alguien que asiste o ha asistido a Summit Academy? : Si ______ No ____

Informacion de padres/tutores

Nombre de padre/tutor 1	
Telefono:	Correo electronico:
Direccion:	
Ciudad:	
Nombre de padre/tutor 2:	
Telefono:	Correo electronico:
Direccion:	
Ciudad:	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?

Truancy Court	Dropout	Substance Abuse
Incarceration	Attendance	Pregnancy/ Parenting
Homelessness.	Anxiety	Working Obligations
Foster Care	Depression	
Mental Health		
Loss of close family memb	per	
Behavior_		
Selec	t all areas that you need supp	ort in:
Math	Employment	Eating Habits
Language Arts	Organization	Peer pressure
Science	Social Skills	Single Parent Househol
Social Studies	Self-esteem	Childcare
Grief and Loss	Relationships	Housing
Anger Management	Health/ Wellness	Depression
Substance Abuse	Goal Setting	
Gangs	Time Management	
Other:		
Please list yo	our favorite subject/ classes, and in	terest/ hobbies:

Personal Essay	•
Please choose ON	NE of the prompts below and answer it using complete sentences. You may
add additional pa	per if needed.
	y would you like to attend Summit Academy and why do you feel it would be the be
PROMPT B: What can be different at	at is the toughest challenge you have faced in school so far and why do you think it Summit?

RECOMMENDATION FORM 1

To be completed by a previous/current teach	er. NOT A F A	MILY MEMBER.		
Student name:	 		_	
Current School:		Grade: _		
Evaluator's Name				
Relationship to student:	Title:			
Years knowing the student:	_			
Academic Performance	Rarely	Sometimes	Most of the time	Always
Turns in assignments				
Stays focused in class				
Assignments are completed to the best of the student's ability				
Has appropriate interaction with students				
Is on time to class				
Has appropriate interaction with adults				
Contributes to class discussion				
Responds well to re-direction				
Advocates for needed supports				
In your professional opinion, what supports wacademic achievement?	ould this stude	ent most benefit from	, in order to increas	e his/her
Other comments:				

RECOMMENDATION FORM 2

To be completed by a previous/current teacher	er. NOT A F A	AMILY MEMBER				
Student name:			_			
Current School: Grade:						
Evaluator's Name						
Relationship to student:	Title: _		_			
Years knowing the student:	_					
Academic Performance	Rarely	Sometimes	Most of the time	Always		
Turns in assignments						
Stays focused in class						
Assignments are completed to the best of the student's ability						
Has appropriate interaction with students						
Is on time to class						
Has appropriate interaction with adults						
Contributes to class discussion						
Responds well to re-direction						
Advocates for needed supports						
In your professional opinion, what supports we academic achievement?	ould this stud	ent most benefit from	n, in order to increas	e his/her		
Other comments:						