



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.

Documentos Requeridos

Registro de inmunizacion

Asistencia Escolar

Comprobante de domicilio

Copia de certificado de nacimiento

Informe de comportamiento

Transcrito Escolar

Seleccione uno: **Middle School** **High School**

Grado en el que esta interesado/a: **6th** **7th** **8th** **9th** **10th** **11th** **12th** **GED** **Summit Connect**

Nombre del estudiante: _____

Fecha de nacimiento _____ Edad: _____ Genero: _____

Numero de celular: _____ Correo electronico: _____

Direccion: _____

Ciudad: _____Codigo de postal: _____

Ultima escuela a la que ha asistido _____

Año asistido _____

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

Quien: _____ Relacion: _____

Informacion de padres/tutores

Nombre de padre/tutor 1 _____

Telefono : _____ Correo electronico: _____

Direccion : _____

Ciudad: _____Codigo postal: _____

Nombre de padre/tutor 2: _____

Telefono : _____ Correo electronico: _____

Direccion : _____

Ciudad: _____Codigo postal: _____

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	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 would this student most benefit from, in order to increase his/her academic achievement?

Other comments:

RECOMMENDATION FORM 2

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	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 would this student most benefit from, in order to increase his/her academic achievement?

Other comments:
