



Letter of Intent to Enroll

For Office Use Only:	
PSN: _____	Name: _____
Received: _____	Offered: _____

School Year (pick one): **2019/2020** **2020/2021** **2021/2022** **2022/2023** **2023/2024**

1st Parent/ Guardian Name: _____ Relationship: Mother Father Guardian

Best Contact Phone: _____ Email: _____

2nd Parent/ Guardian Name: _____ Relationship: Mother Father Guardian

Best Contact Phone: _____ Email: _____

Home Address: _____ City: _____ State: _____ Zip: _____

In what District do you reside? _____ Your child's designated school: _____

How did you hear about RMCA? Banner Website Social Media Event Signage Friend* Other _____

*If applicable, please write the name of the person/family that referred you to RMCA _____

A child must be 5 years old by September 15th in order to register for kindergarten.

For a child entering kindergarten, do you prefer **AM Half Day** **PM Half Day** **Full Day Kindergarten**

Select Campus	Child's Full Name	Birth Date mm/dd/yyyy	Current School Grade	Enrollment Grade	Current/ Previous:*		
					IEP	504	ELL
<input type="checkbox"/> Elementary <input type="checkbox"/> Middle School <input type="checkbox"/> Home School					Graduated IEP/ 504 Date		
<input type="checkbox"/> Elementary <input type="checkbox"/> Middle School <input type="checkbox"/> Home School					Graduated IEP/ 504 Date		
<input type="checkbox"/> Elementary <input type="checkbox"/> Middle School <input type="checkbox"/> Home School					Graduated IEP/ 504 Date		
<input type="checkbox"/> Elementary <input type="checkbox"/> Middle School <input type="checkbox"/> Home School					Graduated IEP/ 504 Date		

*An IEP is for special education needs. A 504 for is for a disability needing accommodations. An ELL is for a student who is non-proficient in English and usually English is not a primary language. Failure to disclose these may prevent RMCA from offering enrollment.

I am interested in sending my child(ren) to Rocky Mountain Classical Academy, a District 49 charter school, as indicated below. I am aware that this letter in no way guarantees my child's enrollment in this school, nor does it legally bind me to enroll my child(ren).

Parent/ Guardian Signature: _____ Date: _____

Parent/ Guardian Printed Name: _____

THANK YOU FOR YOUR INTEREST IN ROCKY MOUNTAIN CLASSICAL ACADEMY!

K-8 Campus: 4620 Antelope Ridge Drive, Colorado Springs, CO 80922 **Phone:** 719-622-8000 **Fax:** 719-622-8004
K-12 Homeschool Campus : 3525 Akers Drive, Colorado Springs, CO 80922 **Phone:** 719-591-5666 **Fax:** 719-591-5777
RMCA Website: www.rmccacs.org **Email:** lhuit@rmccacs.org