



For office use
Enrollment #: _____
Date/Time Received: _____
Received By: _____
Entered: _____
Status: _____

Intent to Enroll

I currently have another child (ren) on the Wait List? (please circle) Yes No
(if yes list the names of other child (ren) on the List: _____)

I currently have another child (ren) who attends CPA? (please circle) Yes No
(if yes list the names of other child (ren) on the List: _____)

| | | | |
|----------------------------|---------------------|------------------------------------|----------------|
| Student Information | Last Name | First Name | DOB |
| Please Print | _____ | _____ | ____/____/____ |
| | Current Grade: ____ | Current School Year: _____ - _____ | Male/Female |

Student Residency Address: _____
City: _____ State: _____ Zip: _____ School District _____

Current School _____ Private/Public/Pre-school/Other

Parent/Guardian Mother/Guardian: _____
Phone: _____ Email: _____
Father/Guardian: _____
Phone: _____ Email: _____

Additional Comments/Information _____

Return form to: Crown Pointe Academy, 2900 W. 86th Avenue, Westminster, CO 80031
303-428-1882 (office) 303-428-1938 (fax) waitlist@crownpointeacademy.org

This application does not guarantee admission. Letters are sent out annually in January to notify Parent/Guardian of their child's position on the list for the following school year. It is the Parent/Guardian responsibility to keep contact information current. Letters of Intent without current contact information (address/phone numbers) will be purged and a new one will need to be completed to be put back on the list. Please keep contact information current! Only completed forms will be processed.

Crown Pointe Academy admits students of any race, color, national and ethnic origin to all the rights, privileges, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of disability, race, color, national and ethnic origin in administration of its educational policies, admissions policies, athletic and other school administered programs.

Parent/Guardian Signature: _____ Date: _____