

**DENVER CHRISTIAN SCHOOLS  
APPLICATION FOR ADMISSION**

**NAME(S) AND ADDRESS(ES) OF  
PARENT(S) OR GUARDIAN(S)  
(Father/Guardian)**

**PLACE(S) OF EMPLOYMENT**

\_\_\_\_\_  
\_\_\_\_\_  
Home Phone # \_\_\_\_\_

Company Name \_\_\_\_\_  
Work Phone # \_\_\_\_\_  
Cell Phone # \_\_\_\_\_  
Email Address \_\_\_\_\_

**(Mother/Guardian)**  
\_\_\_\_\_  
\_\_\_\_\_  
Home Phone # \_\_\_\_\_

Company Name \_\_\_\_\_  
Work Phone # \_\_\_\_\_  
Cell Phone # \_\_\_\_\_  
Email Address \_\_\_\_\_

**(Student Primary Address if different from parents)**  
\_\_\_\_\_  
\_\_\_\_\_

Phone # \_\_\_\_\_

**CHURCH ATTENDING/MEMBERSHIP HELD** \_\_\_\_\_

<b>NAME(S) OF STUDENT(S) TO BE ENROLLED</b>	<b>BIRTHDATE</b>	<b>GENDER</b>	<b>AGE</b>	<b>2009/2010 GRADE</b>	<b>CURRENT SCHOOL NAME &amp; COMPLETE ADDRESS</b>
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_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Please indicate which campus your child(ren) will attend:

\_\_\_\_\_ **VAN DELLEN CAMPUS (K-8)**  
 \_\_\_\_\_ Tuesday/Thursday/Friday Full Day Kindergarten  
 \_\_\_\_\_ Kindergarten Enrichment Program Full Day Monday/Wednesday

\_\_\_\_\_ **HIGHLANDS RANCH CAMPUS (K-8)**  
 Kindergarten session is Full Day: Monday/Tuesday/Thursday

Applications for the Kdg. Enrichment Program on Wednesdays and Fridays available upon request.

\_\_\_\_\_ **HIGH SCHOOL CAMPUS (9-12)**

**FOR OFFICE USE ONLY**

Date Application Received _____	-Standardized Test Results _____
Non-Refundable Application Fee Check # _____ (\$260 first child; \$100 each additional child)	-Pastor's Recommendation _____
Grade 1-12 \$100.00 Testing Fee Check # _____	-Previous School Recommendations _____
Kindergarten \$25.00 Testing Fee Check # _____	-Copy of Report Cards _____
Entrance Testing: Date _____ Time _____	Final Interview: Date _____ Time _____
Starting Date _____	accepted _____ denied _____

**FAMILY INFORMATION:**

Do you have children of pre-school age (0-5 yrs.)? If so, please list the following:

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

If you have other children of school age who will not be attending DCS, please complete the following:

Name \_\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_  
Name \_\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_

Have you ever applied to DCS for this or any other student? \_\_\_\_ Yes \_\_\_\_ No

If yes, why are you re-enrolling? \_\_\_\_\_  
\_\_\_\_\_

If parents are divorced or separated, who has legal custody of the student? (Name of parent or legal guardian, if other than parent.)  
\_\_\_\_\_

Name and address of living grandparents:

Name	Address	City	State	Zip
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Are you or your spouse an alumnus of Denver Christian? \_\_\_\_ Yes \_\_\_\_ No If so, please list the following:  
Name: (include maiden) \_\_\_\_\_ Year of Graduation \_\_\_\_\_  
\_\_\_\_\_

**CHURCH BACKGOUND:** (Please feel free to continue your responses on an attached sheet of paper.)

Are you a Christian? \_\_\_\_ Yes \_\_\_\_ No If yes, explain what this means to you.

Are you a member of a Christian church? \_\_\_\_ Yes \_\_\_\_ No

Name of Church \_\_\_\_\_  
Complete Address \_\_\_\_\_  
Pastor's Name \_\_\_\_\_

Do you take your child(ren) to weekly worship services? \_\_\_\_ Yes \_\_\_\_ No If no, why not?

Why do you want Christian education for your children?

**STUDENT HISTORY: (To help us understand the specific needs of each student, please complete this form for each child you'd like to enroll.)**

STUDENT NAME: \_\_\_\_\_ CAMPUS: \_\_\_\_\_ GRADE: \_\_\_\_\_

Why do you want your child to become a student at Denver Christian Schools?

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Please list school(s) previously attended:

<u>School</u>	<u>Address/Zip</u>	<u>Dates</u>	<u>Grades Completed</u>

Why is your student transferring from his/her present school?

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Has this student ever been **identified** as having any of the following?

- |  |   |
|--|---|
| <input type="checkbox"/> ADD/ADHD (Attention Deficit Disorder) | <input type="checkbox"/> Behavioral Disorder        |
| <input type="checkbox"/> Learning Disability                   | <input type="checkbox"/> Mental Impairment          |
| <input type="checkbox"/> Emotional Impairment/Disturbance      | <input type="checkbox"/> Physical Impairment        |
| <input type="checkbox"/> Gifted/Talented                       | <input type="checkbox"/> Speech/Language Impairment |

Has a teacher or other professional ever **recommended testing** in any of these areas? Yes \_\_\_\_\_ No \_\_\_\_\_

Has the student **completed** testing/evaluation in any of these areas? Yes \_\_\_\_\_ No \_\_\_\_\_ If "yes," test results must be provided before entrance testing..

**At the time of application**, please submit copies of recent 504 Plan or IEP (Individual Educational Plan), educational/medical reports, (i.e. Woodcock Johnson III results, speech/language assessment results, or psychological reports) or any other testing done at any level.

If you have any further information which may assist in the guidance of your child at DCS such as **pertinent medical** or other data the school should be aware of, please indicate below:

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Where do you feel your student falls on the educational spectrum? Is he/she an average, weak, or strong student (circle one)?

Do any of the following apply to this student? **If so, please provide a complete explanation on a separate sheet of paper.**

- |  |  |
|--|--|
| <input type="checkbox"/> Retained a grade    | <input type="checkbox"/> Suspension                      |
| <input type="checkbox"/> Expulsion           | <input type="checkbox"/> Asked to withdraw from a school |
| <input type="checkbox"/> Alcohol or drug use | <input type="checkbox"/> Personal or family counseling   |

**If your student is accepted, will you promise to:**

Support the school and its policies concerning dress, conduct, and all other matters as outlined in the student handbook?     Yes     No

Assume the responsibility for your student's education by supervising assigned homework and keeping in regular contact with your student's teachers?     Yes     No

Support, to the best of your ability, the various activities of the school?     Yes     No

Follow the designated "chain of command" in dealing with concerns or problems?     Yes     No

**PARENT (OR LEGAL GUARDIAN) STATEMENT**

I have read and understand Denver Christian's Statement of Faith that is included in the Parent Information Packet. I agree to allow my child(ren) to be taught accordingly to the Statement of Faith.

I understand that this application cannot be considered without the non-refundable application fee.

I certify that the information provided here is complete and accurate. I understand that if it is inaccurate, it may result in my student being asked to withdraw from the school.

Do we have your permission to request transcripts/records information from your child(ren)'s former school(s)?

Yes     No

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent (or Legal Guardian) Signature

Denver Christian Schools admits students of any race, color, and national ethnic origin to all the rights, programs and activities made available to students of the school. It does not discriminate on the basis of race, color, national and ethnic origin in the administration of its educational policies, admissions policies, scholarships, athletics, or any other school programs.

**DENVER CHRISTIAN SCHOOLS**  
High School Campus and Central Office  
9<sup>th</sup>–12<sup>th</sup> Grade  
2135 S. Pearl St.  
Denver, CO 80210  
303-733-2421

Van Dellen Campus  
K-8<sup>th</sup> Grade  
4200 E. Warren Avenue  
Denver, CO 80222  
303-757-8501

Highlands Ranch Campus  
K-8<sup>th</sup> Grade  
1733 E. Dad Clark Drive  
Highlands Ranch, CO 80126  
303-791-3243

**PLEASE HAVE YOUR PASTOR/CHURCH LEADER COMPLETE THE ENCLOSED PASTOR'S RECOMMENDATION AND MAIL IT DIRECTLY TO THE SCHOOL OF APPLICATION.**