



Office Use Only	
Date Rec'd	_____
Time Rec'd	_____
Initials	_____
Family ID #	_____

INTENT TO ENROLL

Completing this form lets SkyView Academy (SVA) know that you are interested in sending your child(ren) to SVA in Highlands Ranch, a Douglas County Charter school of choice. Please fax to 303.470.1903, or mail to SkyView Academy, 6161 Business Center Drive, Highlands Ranch, CO 80130. Please call 303.471.8439 with questions.

I understand that submitting this form in no way guarantees my child(ren) enrollment in SVA, nor does it obligate me to enroll my child(ren). I understand that if the school is oversubscribed for any grade a lottery will be held to determine enrollment. If accepted into SVA I will have **48 hours** to accept or decline enrollment. I also understand that it is my responsibility to contact the school with any change to my information.

Parent / Guardian Signature

Date

List every child you are interested in enrolling from **Kindergarten -11th grades.**

Full Name of Child (Last, First, Middle Initial)	Gender	Date of Birth (MM/DD/YY)	Year to Enter SVA	Grade Level in Entry Year	School child is currently enrolled in/attending, or would attend if not attending SVA?
	M / F				
	M / F				
	M / F				
	M / F				

Please Print Legibly

Parent(s) / Guardian Names: _____

Address: _____ City: _____ Zip: _____

Daytime Phone: _____ Evening Phone: _____

Cell Phone: _____ Alternate Cell/Other Phone: _____

Primary Family Email Address - **required**: _____

School District in which student(s) currently resides: _____

Kindergarten Preference (if applicable): Rank your preference for which Kindergarten session you would like should you be offered an invitation to enroll (1st, 2nd AND 3rd preference). We will do our best to accommodate your request.
 _____ Morning (8:15 – 11:15) _____ Afternoon (12:30 – 3:30) _____ Full-day (8:15 – 3:30 and tuition-based)

How did you hear about SVA?

- Currently at SVA Website (please list) Postcard Word of Mouth Newspaper/Media Other (please list)