



Thank you for your interest in Mountain Phoenix Community School!

To maintain the integrity of our educational mission and best meet the needs of our students, we strive for shared values and common purpose between the school and its families. We strongly encourage you to become familiar with the Core Principles of Public Waldorf Education and the MPCS curriculum. To that end, families interested in Mountain Phoenix are asked to complete the following enrollment process.

- ❖ Visit our campus during one of the scheduled tour dates, with your child if possible, to gain a first-hand experience of our school.
- ❖ Attend a mandatory “Introduction to Mountain Phoenix” talk.
- ❖ Return a Jefferson County Second Round Choice Enrollment Form as well as the Mountain Phoenix Application to the Main Office between February 9<sup>th</sup> and August 31<sup>st</sup>, 2018. Applications may also be returned via email, [enrollment@mountainphoenix.org](mailto:enrollment@mountainphoenix.org), or by fax, 303-728-9801.

All applications will be placed on the second round waitlist, and we will contact you if your child’s name comes up for a spot. Children will be placed on a waitlist for the grade in which they fall based upon the MPCS birthdate guidelines, which exceed the minimum requirements set for Jefferson County Schools. Please see birthdate guidelines on the following page.

Before placement can be confirmed, parents may be asked to attend an enrollment conference to review the student’s needs and the school’s expectations.

If your child is offered a spot at MPCS, you will be notified by telephone and given **three** days to sign a confirmation form and pay applicable fees. At that point, you will have completed the “intent to enroll” process ONLY. In order to be fully enrolled, you must still attend registration in August and complete all necessary paperwork.

Introduction to Mountain Phoenix and Campus Tour dates can be found on our website at [www.mountainphoenix.org](http://www.mountainphoenix.org).

If you have further questions, please call the Main Office at 303-728-9100.



## MPCS Enrollment Birthdate Guidelines

Mountain Phoenix has adopted a minimum age of enrollment for each grade level that exceeds the minimum age requirements under the law. Exceptions to the age policy may be made with consent of the class teacher and the Director of Education.

Determination of whether to place age eligible students in Kindergarten for one additional year or in First Grade will be based on each child's developmental readiness. A student's developmental readiness for First Grade will be evaluated prior to the student starting the next school year.

Below are the current grade/age guidelines.

- ❖ Early Childhood Education (ECE 3) 3 yrs by October 1
- ❖ Early Childhood Education (ECE 4) 4 yrs by October 1
- ❖ Kindergarten (2 years): 5 yrs by October 1
- ❖ Kindergarten (1 year): 5 yrs by May 31
- ❖ First Grade: 6 yrs by May 31
- ❖ Second Grade: 7 yrs by May 31
- ❖ Third Grade: 8 yrs by May 31
- ❖ Fourth Grade: 9 yrs by May 31
- ❖ Fifth Grade: 10 yrs by May 31
- ❖ Sixth Grade: 11 yrs by May 31
- ❖ Seventh Grade: 12 yrs by May 31
- ❖ Eighth Grade: 13 yrs by May 31

Please submit questions or concerns regarding grade placement to the Director of Education. For more information, please see the MPCS enrollment policy on our website.



# 2018-2019 School Year **Second Round Choice Enrollment**

All requested information, including the student ID number if applicable, must be provided if the applicant is to be considered. Return the completed form to the school where you want to enroll your student. Choice Enrollment, Round Two for the 2018-2019 school year is **February 9 to August 31, 2018.**

## Student Information

Full Name:	_____	_____	_____
	<i>Student's Last Name</i>	<i>Student's First Name</i>	<i>M.I.</i>
Address:	_____	_____	_____
	<i>Street Address</i>	<i>Student Birth Date</i>	<i>Student ID #</i>
	_____	_____	_____
	<i>City</i>	<i>State</i>	<i>ZIP Code</i>

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_ Is the student a Jeffco resident? Yes  No

Contact or Parent's Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Name of school student is currently attending: \_\_\_\_\_

Grade currently in: \_\_\_\_\_ Requested Jeffco School: \_\_\_\_\_

Grade applying for: \_\_\_\_\_ Requested Program (if applicable) \_\_\_\_\_  
(IB, STEM, etc.): \_\_\_\_\_

Student's School of Residence: \_\_\_\_\_

The following information will not impact the choice process; is the student receiving Special Education services (IEP)?  
Yes  No

1. An approved application for Choice Enrollment shall be valid for attendance at the school for the remainder of the level that the school serves - elementary, middle or high school.
2. Students who wish to return to their designated neighborhood school or to enroll in a different school must submit a Choice Application or Administrative Transfer Request following the timelines for these applications.
3. All Choice Enrollment high school students must comply with all CHSAA (Colorado High School Activities Association) requirements and bylaws. A student who transfers from School A to School B without a bona fide family move will be ineligible for varsity competition in the first 50 percent of the maximum regular season contests allowed in any sport in which the student was a participant in the last twelve months. Other factors may also influence athletic eligibility.
4. Transportation is not provided for Students who Choice enroll.

### Sibling Priority

The Jeffco Public Schools policy allows siblings to attend the same school by giving enrollment priority to children in the same household. One sibling must currently be enrolled at the requested school and **scheduled to return to the requested school.**

Are you claiming sibling priority?  
Yes  No

### Sibling Information:

Last Name: _____	First Name: _____	Grade applying for: _____
Last Name: _____	First Name: _____	Grade applying for: _____
Last Name: _____	First Name: _____	Grade applying for: _____

I am applying to have my child attend a school other than his/her designated neighborhood school. I understand that requests will be approved based on space availability and that there is no guarantee that my child will be able to attend any school other than the designated neighborhood school. Choice acceptance for kindergarten does not guarantee admission to a full day program. I certify that the information given by me in this document is true, complete, and correct.

Parent or Guardian  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>School Use Only:</b> <input type="checkbox"/> Approved <input type="checkbox"/> Denied	Date application received:	Placement date:
Receiving principal's signature: _____	Distribute copies to: 1. Parent 2. Sending school principal 3. Receiving school principal	

<sup>1</sup> Per district policy JFBA, the choice process is run blind to the content of IEPs or other specialized learning plans. Offers of acceptance for all students are subject to the availability of space, staffing, and program capacity in the requested school. If a student with an IEP receives a conditional offer of acceptance, the school will review the student's IEP to ensure that the requested school has the programming, staff, and facilities available to meet the student's needs as set forth in the IEP. If not, the offer will be rescinded.



**Mountain Phoenix**  
*community school*

# Primary/Middle School Application

1st through 8th Grades and Homeschool

Please write legibly and fill out form completely.

Date of Application \_\_\_\_\_

**Applicant Information**

_____	_____	_____	Female	Male
Child's Last Name	First Name	Middle		
_____			_____	
Street Address			Date of Birth	
_____				
City/State/Zip				

We attended a tour on (date): \_\_\_\_\_ We attended an Intro Talk on (date): \_\_\_\_\_

We have not yet attend a tour or Intro Talk, but plan to as soon as possible (please initial): \_\_\_\_\_

Grade Applying For:    \_\_\_ 1st    \_\_\_ 2nd    \_\_\_ 3rd    \_\_\_ 4th    \_\_\_ 5th  
                                 \_\_\_ 6th    \_\_\_ 7th    \_\_\_ 8th    \_\_\_ Homeschool

**Current School Info**

_____	_____
Name of School	Local School District

**Parent Information**

_____	_____
Parent's Name	Parent's Name
_____	_____
Primary Phone	Primary Phone
_____	_____
Email	Email
_____	_____
Home Address	Home Address
_____	_____
Occupation	Occupation

**Your Child's Health & Development**

Does your child have any food allergies or follow a special diet? yes no

If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your child have any non-food allergies? yes no

If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your child use an Epi-pen or take medication regularly? yes no

If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please describe any notable illnesses or surgical operations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your child have any speech difficulties? yes no

If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your child wear a hearing-aid? yes no If yes, at what age did he/she start? \_\_\_\_\_

Does your child have any social, emotional or physical challenges? yes no  
If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

IEP plan? yes no 504 plan? yes no If yes, please attach a copy of the most recent plan.

Special Education Diagnosis: \_\_\_\_\_

Diagnosis determined by: \_\_\_\_\_

Is your child receiving early intervention or other remedial services? yes no

If yes, please describe and list name & phone number of resources for evaluation/services: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please answer the following questions completely, so that we may best get to know your child. Thank you.

**Family Life**

Do both parents reside in the home? \_\_\_yes \_\_\_no If not, is there contact with both parents? \_\_\_yes \_\_\_no

If your child has siblings, please complete the following:

Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Grade/School \_\_\_\_\_

Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Grade/School \_\_\_\_\_

Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Grade/School \_\_\_\_\_

Please describe how your child interacts and plays with his/her siblings (or other children): \_\_\_\_\_

Does your child live with extended family? \_\_\_yes \_\_\_no If yes, please list: \_\_\_\_\_

Please list language(s) spoken at home: \_\_\_\_\_

Please describe your home life and or anything you consider to be unique or different in your home environment:

What activities does your family enjoy doing together? \_\_\_\_\_

Please list any cultural festivities/observations that your family celebrates: \_\_\_\_\_

Please describe your child's special interests and talents: \_\_\_\_\_

Please list all physical activities, organized sports or other classes in which your child participates: \_\_\_\_\_

What does your child enjoy doing in their spare time?

Does your child watch TV, videos or DVDs? \_\_\_yes \_\_\_no When, how often, how long: \_\_\_\_\_

Does your child use a computer, play computer games or use other electronic devices? \_\_\_yes \_\_\_no

If yes, please describe the type, amount of time & frequency:

Are you willing to limit your child's media and listening time? \_\_\_yes \_\_\_no

Please share your child's strengths: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please share things that are a challenge for your child: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please explain why you have chosen Mountain Phoenix, a school implementing the core principles of Public Waldorf Education: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please describe anything else you would like to share that would help us to know your child's needs better:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

At Mountain Phoenix Community School, parental involvement is greatly appreciated AND essential to the well-being of the school and its ability to best serve your child. In addition to paying student fees so that we may purchase the highest quality instructional materials possible, we ask each family to contribute a minimum of 40 hours per year of volunteer time to the school (homeschool families are not required, but encouraged to volunteer). Helping with festivals and events, fundraising, building improvement projects, field trip chaperones and school stewardship days are only a few of the ways parents can support their children and the school. In what ways do you see yourself getting involved?  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any expertise you are willing to volunteer that would benefit the school? If so, please explain:  
\_\_\_\_\_  
\_\_\_\_\_

Thank you for taking the time to complete this questionnaire and share your insights and understanding about your child. We look forward to sharing more stories and working together to find the best learning environment for your child.  
Your signature confirms that everything on this form is complete and accurate.

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_

