November 2003

SUMMIT MIDDLE SCHOOL

Information for Open Enrollment 2004-2005

Information provided on this form allows Summit to stay in contact with families that plan to indicate Summit as a choice for middle school attendance. Please provide all requested information and return this form to Summit Middle School, 4655 Hanover Avenue, Boulder, CO 80305. For more information, call the Summit office at 303-499-9511 or refer to Summit's website <http://www.summitmiddleschool.org>.

Si desea información en español, favor de llamar al 303-494-4488.

In addition to submitting this form to Summit, YOU MUST SUBMIT A BVSD OPEN ENROLLMENT APPLICATION TO BVSD AT THE EDUCATION CENTER, located at 6500 E. Arapahoe, Boulder, CO 80303.

Student's Name: _____ **Male** ❒ **Female** ❒
First *Middle* *Last*

If siblings are also applying, please fill out a separate form for each sibling and check this box: ❒

Student's Address: _____

Date of Birth: _____ **2003-2004 Grade Level:** _____ **2004-2005 Grade Level:** _____
Month / Day / Year *(current school year)* *(next school year)*

Current School (2003-2004): _____

District-Designated Neighborhood Middle School (2004-2005): _____

Is student currently attending a private or parochial school? Yes ❒ No ❒
Is student currently home schooled? Yes ❒ No ❒

Is student's residence within the attendance area of the Boulder Valley School District? Yes ❒ No ❒

Is one of student's parents or guardians an original Summit organizer (subscriber)? Yes ❒ No ❒

If student has a sibling who is currently attending Summit, please give the sibling's name and current (2003-2004) grade level: _____

If student has a sibling who already graduated from 8th grade at Summit, please give the sibling's name and year of graduation: _____

Did student apply for open enrollment at Summit during last year's open-enrollment period (on or before January 24, 2003)? Yes ❒ No ❒
Was student ever offered a place at Summit for 2003-2004? Yes ❒ No ❒

Parent/Guardian (1): _____ Phone (day): _____
Phone (eve): _____

_____
Address *City* *Zip Code* E-mail: _____

Parent/Guardian (2): _____ Phone (day): _____
Phone (eve): _____

_____
Address *City* *Zip Code* E-mail: _____

1. **PLEASE SUBMIT THIS INFORMATION FORM DIRECTLY TO SUMMIT MIDDLE SCHOOL.**
2. **A SEPARATE BVSD OPEN ENROLLMENT APPLICATION *MUST BE SUBMITTED TO THE BVSD EDUCATION CENTER* BY 4 PM ON JANUARY 23, 2004, EITHER BY MAIL OR IN PERSON. For forms and information, see http://www.bvsd.k12.co.us/eduprograms/openEnrollStart.shtml and follow the instructions.**