

The Village at Academy Online Application 2016-2017

Please type or print clearly

Applications will be accepted on a limited basis until the start of the 2016-2017 school year.

Please return application via e-mail to nathan.gorsch@asd20.org, faxed to 719-234-1732 or physically dropped off at the AOHS office, 1110 Chapel Hills Drive, Colorado Springs, CO 80920

Student Information

Name: _____
Last First Middle

Address: _____
Street City State Zip

Best Contact Phone Number: _____

Current School: _____ Grade: _____

Parent/Guardian Names: _____

Parent e-mail address: _____

Student e-mail address: (if available) _____

Is your child currently on any of the following plans:	<input type="checkbox"/> IEP <input type="checkbox"/> 504	<input type="checkbox"/> ALP <input type="checkbox"/> ILP	<input type="checkbox"/> ELL <input type="checkbox"/> RTI	<input type="checkbox"/> Truancy/Truancy Elimination Plan
Explanation (If needed)				

How did you hear about our program?

Why are you interested in this program?

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____