



660 Syracuse Street
 Colorado Springs, CO 80911
 Phone: (719) 391-3977 Fax: (719) 391-1744

OFFICE USE ONLY:
Date Received: _____
Accepted _____
Declined _____
Waitlist # _____

PRE-REGISTRATION FORM

INSTRUCTIONS: Complete the application and return to JMCA. (Must include parent or guardian signature.)

School Year Applying For	School District	Home School

My child currently receives these services: (Circle any that apply)

504 Gifted and Talented ILP Special Education Title 1

Student Information:

Student Last Name	Student First Name	Current Grade	Date of Birth	Gender (M/F)

Ethnicity: (Circle only one)

American Indian Asian/Pacific Islander Black Hispanic White

Sibling Information:

Student Last Name	Student First Name	Current Grade	Date of Birth	Gender (M/F)

Parent Information:

Father Last Name	Father First Name	Street Address	City, State Zip	Home Phone	Work Phone	Cell Phone
Mother Last Name	Mother First Name	Street Address	City, State Zip	Home Phone	Work Phone	Cell Phone
Guardian Last Name	Guardian First Name	Street Address	City, State Zip	Home Phone	Work Phone	Cell Phone

Parent Signature: _____ **Date:** _____

Parent Signature: _____ **Date:** _____

NOTE: Submission of this completed form by a parent or guardian indicates commitment to enroll child in James Madison Charter Academy. However, completion of this form does not guarantee a slot into the school. Enrollment procedures will follow JMCA policy. Providing false information on this form will be cause for removal from the wait list or class list.

