



MESA VALLEY COMMUNITY SCHOOL

Intent to Enroll Form

Parent Information	First Name		Last Name	
	Street		City	Zip
	Primary Phone		Alternate Phone	Email

Student Information	1.	First Name	Last Name (if different)	Birthdate	Current Grade	Current School
	2.	_____	_____	_____	_____	_____
	3.	_____	_____	_____	_____	_____
	4.	_____	_____	_____	_____	_____
	5.	_____	_____	_____	_____	_____
	6.	_____	_____	_____	_____	_____

How did you hear about MVCS? _____

I understand that enrollment in Mesa Valley Community School requires a significant parent commitment. I am able and willing to put in the time and effort necessary to oversee my child's education while he/she is enrolled in MVCS. I am also aware that my child must be in good standing with his/her current school to be accepted into MVCS. By signing here, I attest that I have parental or guardianship responsibilities for the students listed above and wish to enroll them in Mesa Valley Community School.

Signature

Date

OFFICE USE ONLY			
Date Received by MVCS:	/ /	Enrollment Status: <input type="checkbox"/> Priority <input type="checkbox"/> Provisional	
Date Notified Regarding Acceptance:	/ /	Date Placed on Waitlist:	/ /
Date Completed Enrollment Packet Returned:	/ /	Submitted: <input type="checkbox"/> Birth Cert <input type="checkbox"/> Immunization <input type="checkbox"/> IEP	
Date attended Enrollment Meeting:	/ /	Date of IEP/Consultation Meeting:	/ /
Academic Advisor:			Family Advisor:

Return to MVCS @ 2387 Patterson Road, GJ, CO 81505

Form return deadline for returning students to maintain their enrollment status is the first Monday in April.