

For Office Use Only
District
Services
WCA Sibling
WCA Staff

LETTER OF INTENT

Completing this form notifies Windsor Charter Academy of my intent to enroll my child at Windsor Charter Academy. I understand that submitting this form in no way guarantees my child being enrolled in Windsor Charter Academy, nor does it obligate me to enroll my child. Proof of residency and a copy of student's birth certificate is required if and when a spot is offered.

Parent SignatureParent signature can be typed above						Date	
Parent/Guardian Nar	me						
Address							
City				State Zip			
Home Phone				Cell Phone			
Email							
If applicable, name o	of current WCA s	student					
How did you hear ab	out Windsor Ch	arter Acac	demy?				
Name of St	udent	Gender	Date of Birth (MM/DD/YY)	Grade Level to Enter WCA	School Year to Enter WCA	Current School Attending	
Fax to 877-594-4	749, mail or dr	op off the				or, CO 80550.	
(For Office Use Only)				., 4000			
Date Received	Office Note	es					

STUDENT INFORMATION SECTION

Student 1:

First Name:	Middle Name:	Last Name:	
Current Grade Level:	Current School:		
If your student receives special :	services what type? (Ex: IEP, ILP, 504)		
Has the student been tested for	Gifted and Talented? Yes	_ No	
List all schools attended:			
Has the student every been susp	pended or expelled from a school? Yes	No	_
Student 2:			
First Name:	Middle Name:	Last Name:	
Current Grade Level:	Current School:		
If your student receives special s	services what type? (Ex: IEP, ILP, 504)		
Has the student been tested for	Gifted and Talented? Yes	_ No	
List all schools attended:			
Has the student every been susp	pended or expelled from a school? Yes	No	_
Student 3:			
First Name:	Middle Name:	Last Name:	
Current Grade Level:	Current School:		
If your student receives special s	services what type? (Ex: IEP, ILP, 504)		
Has the student been tested for	Gifted and Talented? Yes	_ No	
List all schools attended:			
Has the student every been susp	pended or expelled from a school? Yes	No	_
Student 4:			
First Name:	Middle Name:	Last Name:	
Current Grade Level:	Current School:		
If your student receives special s	services what type? (Ex: IEP, ILP, 504)		
Has the student been tested for	Gifted and Talented? Yes	_ No	
List all schools attended:			
Has the student every been susp	pended or expelled from a school? Yes	No	_