ROCKY MOUNTAIN CLASSICAL ACADEMY

HOMESCHOOL PROGRAM
Letter of Intent to Enroll

For Office Use Only:
- ☐ Received LOI - email sent
- ☐ Confirmed acceptance in program
- ☐ All Have
- ☐ Placement email sent _____

DAY: _____
Gr.: _____

Circle School Year: **2025/2026** **2026/2027** **2027/2028** **2028/2029** **2029/2030** **2030/2031** **2031/2032**

1st Parent/ Guardian Name: _____Relationship: □Mother □Father □ Guardian

Best Contact Phone: _____ Email: _____

2nd Parent/ Guardian Name: _____Relationship: □Mother □Father □ Guardian

Best Contact Phone: _____ Email:_____

Home Address: _____
Street City State Zip

What District do you reside in? _____ Your child's designated school: _____
How did you hear about RMCA? □ Radio □ Friend: _____□ Other: _____

A child must be 5 years old by August 1st to register for kindergarten and
6 years old by August 1st to register for 1st grade.
Please list any younger siblings who might attend in future years. They will be added to our waiting list.

Child's Full Name (First, middle, and last name.)	**Birth Date** mm/dd/yyyy	**Enrollment Grade**	**Current School**	
		Kindergarten 1 2 3 4 5 6 7 8 9 10 11 12		At time of enrollment, if a student/students has an IEP or 504 plan, a copy of the plan will be required to determine proper placement.
		Kindergarten 1 2 3 4 5 6 7 8 9 10 11 12		
		Kindergarten 1 2 3 4 5 6 7 8 9 10 11 12		
		Kindergarten 1 2 3 4 5 6 7 8 9 10 11 12		
		Kindergarten 1 2 3 4 5 6 7 8 9 10 11 12		

I am interested in sending my child(ren) to Rocky Mountain Classical Academy Homeschool Program a part of a District 49 charter school, as indicated below. I am aware that this letter in no way guarantees my child's enrollment in this school, nor does it legally bind me to enroll my child(ren).
Parent/ Guardian Signature: _____ Date: _____
Parent/ Guardian Printed Name: _____