

Peyton Online Academy Enrollment Application

Student's Name: _____ Date: _____

Last School Attended: _____ Current Grade: _____

This CONFIDENTIAL Enrollment Application is used to demonstrate interest in having your child attend the Peyton Online Academy. Signing this application ***does not obligate*** the student to attend Peyton Online Academy ***nor does it guarantee admission***.

Because of state regulations, students may not be enrolled full-time at two separate district schools, including other online and charter schools. Peyton Online Academy will not enroll students from other school districts, without charge, unless that school district or charter school provides a written statement of understanding of enrollment indicating the student's part-time status in that district.

Contact Information

Parents are responsible for promptly notifying the Peyton Online Academy office of any changes to address, phone number, email address, or other pertinent information. Parents are expected to keep all family records and email addresses up to date.

Parent/Guardians:			
Street Address:			
City:		Zip Code:	
Cell phone:		Parent email:	
Home phone:		Student date of birth:	

	No	Yes
Has this student ever taken online classes before?		
<i>If yes, where?</i>		
Has this student ever been suspended from, expelled from, or had disciplinary actions, taken at any public or private school?		
<i>If yes, please provide specifics (include incidences and dates):</i>		
Has this student ever been enrolled in a special education program? <i>If yes, please sign the release form (PPBOCES).</i>		
Does this student have a 504 for medical or physical limitation/disability?		
<i>If yes, please provide specifics:</i>		
Does this student receive or require English as a Second Language services?		
Has this student practiced or played a High School Sport at the last school attended?		

Student applicant – please answer these questions and submit as part of your application:

- What are your career goals?
- How would online/blended learning prepare you to reach your career goals?

Parent Signature: _____ Date: _____

Please email completed application to jenniesser@peyton.k12.co.us

Peyton Online Academy

18320 Main Street
Peyton, CO 80831
Phone: 719.749.2330
Fax: 719.749.2368

AUTHORIZATION TO RELEASE PUPIL RECORD AND INFORMATION

Please include all schools attended in the past year (use additional form if necessary).

I hereby authorize

Previous School #1:	
Address:	
Fax number:	

Previous School #2:	
Address:	
Fax number:	

to release the following data about:

Name of Student:	
Date of Birth:	
Last Grade Attended:	

DATA TO BE RELEASED:

- Official Transcript
- Cumulative Records
- Discipline Record
- Attendance Record
- Health Records
- Test Results
- IEP/504
- Other

Parent/Guardian/ Requesting School Representative Signature:

Date:

The Family Educational Rights and Privacy Act (20 U.S.C. § 1232g; 34 CFR Part 99), as revised, states (a) An educational agency or institution may disclose personally identifiable information from an education record of a student without the written consent of the parent of the student or the eligible student if (1) The disclosure is to other school officials, including teachers, within the agency or institution has determined to have legitimate educational interests. (2) The disclosure is to officials of another school or school system in which the student seeks or intends to enroll.