

New Student Application 2023 – 2024

This form is for NEW FAMILIES only who are seeking admission in K- 8th Grade for PTAA Colorado Campus.)

PRIMARY GUARDIAN

First Name: _____ Last Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Mobile #: (____) _____ - _____

Work #: (____) _____ - _____

Home #: (____) _____ - _____

Main Email Address: _____

Current School District: _____

A valid email address is required to process application.

Please create free email account at: <http://mail.google.com> or <http://mail.yahoo.com>

SECONDARY GUARDIAN

First Name: _____ Last Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Mobile #: (____) _____ - _____

Work #: (____) _____ - _____

Home #: (____) _____ - _____

Main Email Address: _____

Current School District: _____

A valid email address is required to process application.

Please create free email account at: <http://mail.google.com> or <http://mail.yahoo.com>

STUDENT(S) INFO

*CAMPUS = CO (Colorado)

Legal First Name	Legal Middle Name	Legal Last Name	Gender (Circle One)	DOB (MM/DD/YY)	Campus*	Grade (2023-2024)
			<input type="checkbox"/> F / <input type="checkbox"/> M	__/__/__		
			<input type="checkbox"/> F / <input type="checkbox"/> M	__/__/__		
			<input type="checkbox"/> F / <input type="checkbox"/> M	__/__/__		
			<input type="checkbox"/> F / <input type="checkbox"/> M	__/__/__		
			<input type="checkbox"/> F / <input type="checkbox"/> M	__/__/__		

Previous School Name : _____ Previous School District : _____

Previous School Address : _____ Previous School Phone : _____

How did you hear about us? _____

Why did you choose PTAA?

I CERTIFY: By checking this box, I certify to the best of my knowledge and belief that the information in this application is complete and accurate. I understand that any false information, omission, or misrepresentation of facts may result in the rejection of this application or future dismissal of the applicant(s).

I CERTIFY: By checking this box, I certify, that student has not been expelled from any school district the preceding twelve months .

I CERTIFY: By checking this box, I certify that student has not engaged in behavior in another school during the preceding twelve months that is detrimental to the welfare or safety of other students or of school personnel.