



James Madison Charter Academy
 660 Syracuse Street
 Colorado Springs, CO 80911
 (719) 391-3977
 Jmccolorado.net

OFFICE USE ONLY:	
Date Received:	_____
Accepted	_____
Declined	_____
Wait List #	_____

PRE-REGISTRATION FORM

INSTRUCTIONS: Complete the application and return to JMCA. (Must include parent or guardian signature.)

School Year Applying For	School District	Home School
_____	_____	_____

My child currently receives these services: *(Please check all that apply)*

Gifted Read Plan RTI ELL

Student Information:

Student Last Name	Student First Name	Current Grade	Date of Birth	Gender
_____	_____	_____	_____	_____

Ethnicity: *(Please check all that apply)*

American Indian Asian/Pacific Islander Black Hispanic White

Sibling Information:

Student Last Name	Student First Name	Current Grade	Date of Birth	Gender
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Father's Information:

Last Name	First Name	Street Address	City	State	Zip
_____	_____	_____	_____	_____	_____
Home Phone	Work Phone	Cell Phone			
_____	_____	_____			

Mother's Information:

Last Name	First Name	Street Address	City	State	Zip
_____	_____	_____	_____	_____	_____
Home Phone	Work Phone	Cell Phone			
_____	_____	_____			

Guardian's Information:

Last Name	First Name	Street Address	City	State	Zip
_____	_____	_____	_____	_____	_____
Home Phone	Work Phone	Cell Phone			
_____	_____	_____			

Parent Email: _____ **Date:** _____

Parent Signature: _____ **Date:** _____

NOTE: Submission of this completed form by a parent or guardian indicates commitment to enroll child in James Madison Charter Academy. However, completion of this form does not guarantee a slot into the school. Enrollment procedures will follow JMCA policy. Providing false information on this form will be cause for removal from the wait list or class list.