Dear Applicant:

Completion of the following items will determine if an interview will be scheduled to further examine the student's eligibility for enrollment:

Upper Level

- 1.Completed Application
- 2.Birth Certificate
- 3.Proof of income
- 4.Immunization Record
- 5. Social Security Card
- 6.Two-Page Typed Essay Life Story
- 7.Transcript

Montessori

- 1.Completed Application
- 2.Birth Certificate
- 3.\$100.00 Application Fee
- 4.Proof of income
- 5.Immunization Record
- 6.Social Security Card
- 7.Recent Physical

The Life Story is an essential part of the application/interview process and is your key for enrollment into Escuela Tlatelolco. Your Life Story will separate you from everyone else who is applying to Escuela Tlatelolco.

This MUST BE two pages in length: typed, and double-spaced. We encourage you to take the time to do your absolute best on this valuable piece of the application process.

Please follow the attached Life Story form to complete your essay.

If you have any questions regarding the requirements for possible enrollment in Escuela Tlatelolco and/or status of your application, please call 303-964-8993.

Sincerely,

Nita Gonzales, M.Ed.

President/CEO

The Admission Process

For many applicants and their parents the admission process in an independent school is a new experience. At Escuela Tlatelolco we view this as an opportunity for the school and the family to become better acquainted and to share common goals for individual students. We are delighted that you are considering La Escuela and assure you that your application will be reviewed with the greatest interest and care.

There are four steps in our admission process. All four steps must be completed before action can be taken:

1. APPLICATION

Candidates are encouraged to submit an application and life story for upper school as early in the school year as possible. If you are applying for the Montessori Program the applications must include a \$100.00 processing fee. If you are paying with a check please make it payable to Escuela Tlatelolco.

2. TRANSCRIPT/RECOMMENDATION

A completed application must include all transcripts (upper school candidates only).

3. INTERVIEW

Prospective students will interview with an interview committee. One or more parent is required to participate in the admission process.

The admission committee will review each application as soon as the life story is complete. When a candidate is accepted, a tuition contract is required to reserve a place for your child.

SECTION I-To be completed by the applicant's parent (s) or guardian (s)

| Applicant's Name | | | |
|------------------------|-----------------|------|--|
| First | Middle | Last | |
| Gender: M F | | | |
| Date of Birth: | | | |
| Age: | | | |
| Student's social secui | rity number: | | |
| Parent(s) social secu | rity number: | | |
| Applying for Grade: | | | |
| With whom does app | olicant reside? | | |
| Name | | | |
| Relationship | | | |
| Phone: | | | |
| Address: | | | |
| Street: | | | |
| City / State | | Zip | |
| Father's Name: | | | |
| Occupation: | | | |
| Name of Business: | | | |
| Business Address: | | | |
| Home Phone: | | | |
| Business Phone: | | | |

| Mother's Name: |
|---|
| Occupation: |
| Name of Business: |
| Business Address: |
| Home Phone: |
| Business Phone: |
| If the applicant does not live with both parents, please check the appropriate statement(s). Parents are:SeparatedDivorced Father:SingleRemarriedDeceased Mother:SingleRemarriedDeceased Other: |
| Other Children in the Family: Names: |
| Ages: |
| Present School: |
| SECTION II-To be completed by the Applicant |
| Present School: |
| Number of Years in Present School: |
| Grade: |
| School Address: |
| School Phone: |
| Present courses (be a specific as possible): |

| School extracurricular activities (include any leadership experience) |
|--|
| Interscholastic sports during this school year: |
| Hobbies, special interests: |
| List any other schools attended in the last two years: School |
| City and State School Year Grade |
| SECTION III-To be completed by the applicant and parent(s) or guardian(s) what special abilities or interests has the applicant shown in schoolwork? |
| In what area(s) of his or her schoolwork has the applicant had the greatest difficulty? |
| List any private lessons or special classes presently taken by the applicant |
| Average time spent on recreational reading: |
| Weekday Reading Time TV Time: Weekend Reading Time TV Time: |
| Briefly describe the types of home discipline most frequently used: |

| Please describe any special circumstances, which may have extended illness, physical handicap, particular learning difficulties be specific: | 11 1 |
|--|--|
| | |
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| | |
| In consideration of the undertaking by the admission office didate's application for admission and related forms, the un these forms, together with all information and materials of source, of prepared by anyone at its request, shall be comple (with the exception of the appropriate Escuela Tlatelolco per | dersigned agree(s) that the information furnished or any kind received by the admission office from any etely confidential and shall not be disclosed to anyon |
| Signature of Applicant: | |
| Signature of Parent/Guardian: | Date: |
| A \$25.00 processing fee should accompany this application the tuition charge. Please indicate the person financially res | = = |
| Name | |
| RelationshipPhone: | |
| Address: | |
| Street: | |
| City / State | Zip |

ESCUELA TLATELOLCO admits students of any race, religion, sex, national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the School. It does not discriminate on the basis of race, color, religion, gender, disability or national and ethnic origin in administration of its educational policies, financial aid and loan programs, or athletic and other school administered programs. Please send the completed application to:

ESCUELA TLATELOLCO CENTRO DE ESTUDIOS 2949 N FEDERAL BLVD. DENVER, COLORADO 80211 (303) 964-8993

| EMERGENCY CONTACT INFORMATION Student's Name: | | |
|---|----------|------|
| Address: | | |
| Street: Home phone: | <u>-</u> | Zip: |
| Work Phone: | | |
| Emergency contact information: | | |
| Name: | | |
| Relationship:Phone: | | |
| Name: | | |
| Relationship:Phone: | | |
| Medical Information: | | |
| Hospital: | | |
| Insurance #: | | |
| Address:Phone: | | |
| Doctor's Name: | | |