



Admissions Office
206 Red Cross Way
Denver, CO 80230
Phone: (303)340-DMIS (3647)
Fax: (303)360-9426

MIDDLE SCHOOL
APPLICATION

Please return by December 15

APPLICANT'S INFORMATION

Applying to Grade _____ for the academic year 2012-2013 (Grades 6 & 7 available)

APPLICANT'S NAME

FIRST NAME MIDDLE NAME LAST NAME NAME USED IN SCHOOL

Sex: M ___ F ___ Date of birth _____ Citizenship _____ Birthplace _____

Language B Choice: French Spanish Mandarin

APPLICANT'S SCHOOL HISTORY

Current School _____

Name of school director _____ School telephone _____

School address _____
NUMBER AND STREET

CITY STATE OR COUNTRY ZIP OR POSTAL CODE

Dates of attendance from _____ to _____ Current grade _____

Previous school _____
SCHOOL NAME CITY/STATE/COUNTRY DATES ATTENDED

Previous school _____
SCHOOL NAME CITY/STATE/COUNTRY DATES ATTENDED

SIBLING INFORMATION

Number of siblings _____

Does the applicant have a sibling who attends or graduated from DMIS? ___ Yes ___ No

Provide the following information on all siblings of the applicant (attach an additional sheet, if necessary)

Sibling's name _____ Date of birth _____

School attending _____

Non-Discrimination Policy: Federal, state and local equal opportunity laws prohibit discrimination on the basis of sex, race, religion, sexual orientation color and national and ethnic origin. Denver Montclair International School intends to follow all such equal opportunity laws in the administration of its admission, hiring, employment, and evaluation practices.

The guidelines contained in this policy express Denver Montclair International School's intention to comply with federal, state and local civil rights laws. Denver Montclair International School does not intend to create a contractual agreement through this policy, independent of its intention to follow the applicable equal employment opportunity laws.

PARENT INFORMATION

How did you first learn of DMIS? _____

Applicant lives with: both parents mother father guardian other: _____

If divorced or separated, the Admissions Office should communicate with: both parents mother father

Parent 1

Check one: Mr. Mrs. Ms. Miss Dr. other: _____ Relationship to applicant: _____

Name _____
FIRST NAME MIDDLE NAME LAST NAME

Citizenship _____ Birthplace _____

Occupation _____ Employer _____ Title _____

EMAIL

WORK TELEPHONE

MOBILE TELEPHONE

Parent 2

Check one: Mr. Mrs. Ms. Miss Dr. other: _____ Relationship to applicant: _____

Name _____
FIRST NAME MIDDLE NAME LAST NAME

Citizenship _____ Birthplace _____

Occupation _____ Employer _____ Title _____

EMAIL

WORK TELEPHONE

MOBILE TELEPHONE

Stepparent(s)

Name _____ Name _____
FIRST NAME MIDDLE NAME LAST NAME FIRST NAME MIDDLE NAME LAST NAME

HOUSEHOLD INFORMATION

If parents are married or living together, please complete information on Household #1 only. If parents are separated or divorced and you would like us to send duplicate mailings, please complete information for two households. **Household #1** should be used to indicate the child's primary residence.

Household #1 - Primary household

Address _____ City _____

State or country _____ Zip or postal code _____ Home telephone _____

Household #2 - Optional

Address _____ City _____

State or country _____ Zip or postal code _____ Home telephone _____

Signature of parent(s) _____ Date _____

Please submit this application with the nonrefundable application fee of \$150 to the Admissions Office at this address on the front of the form. Applicants who file by January 15 and meet all other deadlines receive the full consideration of the Admissions Committee. Late applications are considered as space allows.