



Mailing Address:  
4905 W. 60<sup>th</sup> Avenue  
Arvada, CO 80003

Voice: (720) 479-3475  
Fax: (888) 308-4701  
Website: www.ecarvada.org

## Student Enrollment Form

Date: \_\_\_\_\_ Grade enrolling for: \_\_\_\_\_ Term enrolling for: \_\_\_\_\_  
Year & semester-fall/spring  
(ex: 2006-07 Fall)

Student Name: \_\_\_\_\_  
First Name Middle Name Last Name

Student Birthdate: \_\_\_\_\_ Current Grade: \_\_\_\_\_  
mm/da/yy

Current School: \_\_\_\_\_ School phone: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address (& Apt. No.) City State Zip

Telephone Number(s): **Please circle the "best" number to reach you**

Mother	_____	_____	_____
	Home	Work	Cell/Pager
Father	_____	_____	_____
	Home	Work	Cell/Pager

**Certification:** I certify that all information is true and accurate to the best of my knowledge and that submitting this form constitutes a binding commitment to enroll at Early College of Arvada. I understand that if all available spaces are filled, my name will be place into a lottery for admission.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Parent/Guardian Signature

**Mail to:**  
Early College of Arvada  
4905 W. 60<sup>th</sup> Avenue  
Arvada, CO 80003  
FAX: 888-308-4701