



INTENT TO ENROLL FORM

For School Year: 2017-18 2018-19

For the above school year, the student will be in grade 6 7 9 10 11 12

STUDENT INFORMATION

Legal Last Name: _____

Legal First Name: _____

Legal Middle Name: _____

Date of Birth (mm/dd/yyyy): ____/____/____ Gender: Male Female

Please mark which school(s) student is interested in enrolling (* indicates new grade(s) for 2018-19)

- Summit Sierra** (Seattle | Grades 9-11, 12*) **Summit Atlas** (Seattle | Grades 6, 7*, 9, 10*)
- Summit Olympus** (Tacoma | Grades 9-11, 12*)

The student is currently enrolled at (school): _____

PARENT/GUARDIAN INFORMATION

Parent/Guardian 1 Name: _____ **Relationship to student:** _____

Residence Address - Student lives at this address: Yes No

_____ *Street*

_____ *City* *State* *Zip Code*

Home Ph. (include area code): _____ Cell Ph. (include area code): _____

Parent/Guardian E-mail: _____ Contact Preference: E-mail Text/Phone

Parent/Guardian 2 (optional) Name: _____ **Relationship to student:** _____

Use same address as Parent/Guardian 1 (If yes, skip to phone number below)

Residence Address - Student lives at this address: Yes No

_____ *Street*

_____ *City* *State* *Zip Code*

Home Ph. (include area code): _____ Cell Ph. (include area code): _____

Parent/Guardian E-mail: _____ Contact Preference: E-mail Text/Phone

Is the student Hispanic or Latino/a (optional)? Yes No

Please select up to 5 races/ethnicities that the student identifies as (optional):

- American Indian or Alaska Native Asian Indian Black or African American Cambodian Chinese
 Filipino or Filipino American Guamanian Hawaiian Hmong Japanese Korean Laotian
 Other Asian Other Pacific Islander Samoan Tahitian Vietnamese White / Caucasian

What is the primary language spoken by adults in your home? _____

How did you hear about Summit? If it was a specific person or at a specific place, please include the name.

Enrollment Priorities:

- Sibling attended/graduated from a Summit school.

Name of sibling: _____ Name of school: _____

ACKNOWLEDGEMENT OF INFORMATION

Summit Public Schools are free public schools open to all. Acceptance is not a reflection of academic merit or needs. By signing this form, the family acknowledges that all information provided is correct and indicates meaningful interest to enroll at a Summit Public School. In addition, the family understands that an enrollment offer to a Summit Public School is on a space-available basis. If there are more students expressing intent to enroll than spots available, we will use a random selection process (see school calendars for enrollment offer dates) to determine who will receive a space. Summit Public Schools will e-mail or mail notification of enrollment status to families within one week of the random selection process. If the student chooses not to accept their offer in a timely manner, we will offer that space to another student. Furthermore, the family understands that upon receiving and processing an Intent to Enroll, Summit Public Schools will produce a receipt to the family. If the family does not receive a receipt, it is the responsibility of the student/guardian to secure one.

Parent / Guardian Signature: _____ **Date:** ____/____/____

Intent to Enroll forms must be dropped off at a Summit school or completed online. Note that each school has a separate Intent to Enroll deadline, which can be found on the website (<http://www.summitps.org/enroll>).