

Vertical Skills Academy

2018-2019 Enrollment Application

Thank you for applying to Vertical Skills Academy for the 2018-2019 school year! Please be sure to complete all steps of the application process, as well as attach all necessary extra forms needed for the final application (see “3-Step Administration Process sheet below). Feel free to call the school at 303-562-1900 or contact our Admissions Director, Kelsey Butz at kbutz@verticalskillsacademy.org for any questions or concerns with the application process. We appreciate your interest and look forward to meeting you!

Sincerely,
The VSA Team

3-Step Admissions Process

Step 1: Application

- Review **Admissions FAQ** sheet
- Contact our Admissions Director, Kelsey Butz (kbutz@verticalskillsacademy.org), to schedule and attend a tour of the school. This step must be completed prior to submitting a formal application.
- Pay non-refundable \$120 Application Processing fee to fill out application
 - Fee includes screening testing of student, and one full day of childcare on Shadow Day
- Schedule and attend a Shadow Day and Testing Time for the student. This can be scheduled on the day of your tour. Testing must be scheduled an hour before or an hour after the Shadow Day.
- Submit a formal application, available in PDF form by request from our Admissions Director (kbutz@verticalskillsacademy.org)
- Submit all necessary forms and documents (preferably *with* the application)
 - Most Recent Report Card
 - Progress Reports
 - Current Professional Diagnostic Evaluations (Educational, Psychological, Speech, Occupational, IEP or 504)

Step 2: Review by VSA

- Admissions Committee Reviews Application
- Decision Letter is sent to applicant through email
- Tuition Agreement is sent to applicant through email

Step 3: Complete Enrollment

- Select payment option/apply for financial aid
- Complete Tuition Agreement and submit \$700 Registration Deposit
 - Registration Deposit is *refundable* if student does not end up at VSA, and *goes toward tuition* if student remains at VSA
- Upload additional documentation to complete acceptance and enrollment
 - Birth Certificate
 - Current immunization record
 - Records release sent to old school/files requested
 - Additional Forms:
 - Field Trip Permission Form
 - Acceptable Use Agreement
 - Medication Authorization (if needed)
 - Code of Conduct Agreement
 - Parent Volunteer Form
 - Insurance and doctor information
 - Carpool contacts

Admissions FAQ

Q: What kind of school is Vertical Skills Academy and what kind of students does it serve?

A: Vertical Skills Academy is a private, non-profit [501 (c) (3)], independent day school serving students in grades 1-8. All of our students have been diagnosed (or have a documented history) with a Language Based Learning Difference, such as Dyslexia. Our students have average to exceptional abilities but have not reached their academic potential in traditional educational settings.

Q: How do I apply to Vertical Skills Academy?

A: Vertical Skills Academy has a 3 Step Application Process beginning with a scheduled tour. If you have questions or would like to request more information, please email info@verticalskillsacademy.org or call 303-562-1900

Q: Is everyone who applies accepted?

A: No, we are selective in our admissions process to ensure that we can appro the students we accept meet our narrow enrollment criteria at Vertical Skills Academy.

Q. What makes Vertical Skills Academy different from other schools?

A: All of our teachers are trained in Literacy instruction and Orton-Gillingham methodology, therefore all classes are language-based, multisensory, structured, sequential, cumulative, cognitive, and flexible.

Q: Do you provide transportation?

A: We do not provide bus transportation, but many of our families have arranged carpools from outside of the Evergreen Mountain Area. We are also conveniently located 5 minutes from I-70 and the Evergreen Exit just 20 minutes West of Golden, CO.

Q: What is your average number of students per classroom?

A: We keep our classes small at a ratio of 1:6 students or fewer. Often groups are 1- 3 for direct instruction.

Q: What is your application deadline?

A: Vertical Skills Academy has rolling admissions and accept applications year round.

Q: Do you offer financial aid?

A: Yes, Vertical Skills Academy offers limited scholarship based on financial need and superior academic performance.

Q: Does Vertical Skills Academy administer the testing required for application?

A: No, students must have a professional evaluation by a Licensed Psychologist, and/or significant documentation from previous schools.

Q: Do you offer Before and After School Programs?

A: No, not at this time. However, Evergreen Parks & Recreation Department offers before/after care as well as transportation through their independent programing. Families will need to contact them for further information.

Q: How do I schedule a visit to your school?

A: Informational meetings, student shadow days and tours are scheduled by appointment only. Please call 303-562-1900 or email info@verticalskillsacademy.org to schedule an informational tour.

Section 1: Applicant Information

Please fill in the following fields about the *applicant* as thoroughly as possible. Lines marked with a red asterisk* are mandatory.

*Student Name: _____

Preferred Name: _____

*Student Date of Birth (mm/dd/yyyy): ____ / ____ / ____

*Current Age: _____

*Student Gender: _____

Birth City: _____

Birth State: _____

Birth Country: _____

Student e-mail address (if applicable): _____

Please attach a current photo of the student if available.

*How did you hear about us? (check any that apply)

- | | | |
|--|---|---|
| <input type="checkbox"/> Current Student/Parent | <input type="checkbox"/> Drove by School | <input type="checkbox"/> Community Event |
| <input type="checkbox"/> Former Student/Parent | <input type="checkbox"/> Social Media
(Facebook/Instagram/
Twitter) | <input type="checkbox"/> Paper or Electronic
Advertisement |
| <input type="checkbox"/> Current/Former
Teacher | | <input type="checkbox"/> Word of Mouth |
| <input type="checkbox"/> Community Member | | |

Student Address

*Street Address: _____

*City: _____

*Country: _____

*State: _____

*Zip: _____

*Student Home Phone: _____ - _____ - _____

Student Cell Phone: _____ - _____ - _____

Local School District of Residence: _____



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Local School: _____

District County: _____

District State: _____

***Desired Start Date:** ____/____/_____

Section 2: Current and Previous Schools

If Yes below, continue filling out the information on this page. If No, skip to Section 3: Additional Student Information.

***Has the applicant previously attended another school or been homeschooled?**

- Yes
 No

If Homeschooled, how many years? _____

Most Recent School Attended

***School Name:** _____

School Address:

Street Address: _____

City: _____

Country: _____

State: _____

Zip: _____

School Phone: _____ - _____ - _____

***Attended From Date:** ____/____/____

***To Date:** ____/____/____

Grade Completed: _____

Second Most Recent School Attended

***School Name:** _____

School Address:

Street Address: _____

City: _____

Country: _____

State: _____

Zip: _____

School Phone: _____ - _____ - _____

* Attended From Date: ____ / ____ / ____

* To Date: ____ / ____ / ____

Grade Completed: _____

Has the applicant ever received special services or had an IEP, ILP, or 504?

Yes

No

If Yes, at which school(s) and for what reasons?:

Has the applicant ever been retained?

Yes

No

If Yes, what grades and at which school(s)?:

Has the student had extended or frequent absences from school?

Yes

No

If Yes, please explain briefly:

Has the applicant ever been expelled or suspended from another school?

Yes

No

If Yes, at which school(s) and for what reasons? Please explain:

Has the applicant experienced any social, emotional, or disciplinary problems at another school?

- Yes
- No

If Yes, please explain:

Section 3: Additional Student Information

Please answer the following to the best of your ability and with your student's input.

Please describe your student's strengths and special interests.

Please comment on the student's current motivation to learn.

How does he/she handle frustration with learning?

Have there been any traumatic events in the student's life?

- Yes
- No

If Yes, please explain what happened and how the student reacted:

Has the student worked with a counselor, psychologist, psychiatrist, occupational therapist, speech therapist or tutor (providers)?

- Yes
- No



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If yes, list the following for each provider:

Provider 1

Provider 2

Provider 3

Name: _____

Name: _____

Name: _____

Date: ____/____/____

Date: ____/____/____

Date: ____/____/____

Frequency: _____

Frequency: _____

Frequency: _____

Reason: _____

Reason: _____

Reason: _____

Section 4: Household 1

Please answer the following questions about the student applicant's **primary** custodial household.

Home Address:

- Check here if Primary Parent/Guardian address is same as student applicant address

*Street Address: _____

*City: _____

*Country: _____

*State: _____

*Zip: _____

*Home Phone: _____ - _____ - _____

First Parent/Guardian

*Last Name: _____

*First Name: _____

Middle Name: _____

Suffix: _____

*Salutation:

Mr. Mrs. Ms. Miss

Sr. Col. Dr. Fl.

*Gender: _____

*Relationship to Applicant:

- | | | |
|--------------------------------------|-----------------------------------|---|
| <input type="checkbox"/> Father | <input type="checkbox"/> Aunt | <input type="checkbox"/> Friend |
| <input type="checkbox"/> Mother | <input type="checkbox"/> Uncle | <input type="checkbox"/> Work Assistant |
| <input type="checkbox"/> Step Father | <input type="checkbox"/> Brother | <input type="checkbox"/> Other |
| <input type="checkbox"/> Step Mother | <input type="checkbox"/> Sister | |
| <input type="checkbox"/> Grandparent | <input type="checkbox"/> Guardian | |

*Custodial Rights:



- Yes
- No

*Financial Responsibility:

- Yes
- No

*Receive Correspondence:

- Yes
- No

*Marital Status:

- | | | |
|----------------------------------|------------------------------------|------------------------------------|
| <input type="checkbox"/> Married | <input type="checkbox"/> Separated | <input type="checkbox"/> Remarried |
| <input type="checkbox"/> Single | <input type="checkbox"/> Divorced | <input type="checkbox"/> Widowed |

*E-mail Address 1: _____

E-mail Address 2: _____

Work Phone: ____ - ____ - _____ (ext. ____)

*Cell Phone: ____ - ____ - _____

Occupation: _____

Employer: _____

Employer Street Address: _____

Employer City: _____

Employer State: _____

Employer Zip: _____

Second Parent/Guardian *(Leave blank if not applicable)*

*Last Name: _____

*First Name: _____

Middle Name: _____

Suffix: _____



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*Salutation:

- Mr. Mrs. Ms. Miss
 Sr. Col. Dr. Fl.

*Gender: _____

*Relationship to Applicant:

- Father Aunt Friend
 Mother Uncle Work Assistant
 Step Father Brother Other
 Step Mother Sister
 Grandparent Guardian

*Custodial Rights:

- Yes
 No

*Financial Responsibility:

- Yes
 No

*Receive Correspondence:

- Yes
 No

*Marital Status:

- Married Separated Remarried
 Single Divorced Widowed

*E-mail Address 1: _____

E-mail Address 2: _____

Work Phone: _____ - _____ - _____ (ext. _____)

*Cell Phone: _____ - _____ - _____

Occupation: _____

Employer: _____

Employer Street Address: _____



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Employer City: _____

Employer State: _____

Employer Zip: _____

Section 5: Household 2

Please only fill out this section if the student applicant has a parent/guardian living in a second household.

Home Address:

*Street Address: _____

*City: _____

*Country: _____

*State: _____

*Zip: _____

*Home Phone: _____ - _____ - _____

First Parent/Guardian

*Last Name: _____

*First Name: _____

Middle Name: _____

Suffix: _____

*Salutation:

Mr. Mrs. Ms. Miss

Sr. Col. Dr. Fl.

*Gender: _____

*Relationship to Applicant:

<input type="checkbox"/> Father	<input type="checkbox"/> Aunt	<input type="checkbox"/> Friend
<input type="checkbox"/> Mother	<input type="checkbox"/> Uncle	<input type="checkbox"/> Work Assistant
<input type="checkbox"/> Step Father	<input type="checkbox"/> Brother	<input type="checkbox"/> Other
<input type="checkbox"/> Step Mother	<input type="checkbox"/> Sister	
<input type="checkbox"/> Grandparent	<input type="checkbox"/> Guardian	

*Custodial Rights:



- Yes
- No

*Financial Responsibility:

- Yes
- No

*Receive Correspondence:

- Yes
- No

*Marital Status:

- | | | |
|----------------------------------|------------------------------------|------------------------------------|
| <input type="checkbox"/> Married | <input type="checkbox"/> Separated | <input type="checkbox"/> Remarried |
| <input type="checkbox"/> Single | <input type="checkbox"/> Divorced | <input type="checkbox"/> Widowed |

*E-mail Address 1: _____

E-mail Address 2: _____

Work Phone: ____ - ____ - _____ (ext. ____)

*Cell Phone: ____ - ____ - _____

Occupation: _____

Employer: _____

Employer Street Address: _____

Employer City: _____

Employer State: _____

Employer Zip: _____

Second Parent/Guardian *(Leave blank if not applicable)*

*Last Name: _____

*First Name: _____

Middle Name: _____

Suffix: _____



*Salutation:

- Mr. Mrs. Ms. Miss
 Sr. Col. Dr. Fl.

*Gender: _____

*Relationship to Applicant:

- Father Aunt Friend
 Mother Uncle Work Assistant
 Step Father Brother Other
 Step Mother Sister
 Grandparent Guardian

*Custodial Rights:

- Yes
 No

*Financial Responsibility:

- Yes
 No

*Receive Correspondence:

- Yes
 No

*Marital Status:

- Married Separated Remarried
 Single Divorced Widowed

*E-mail Address 1: _____

E-mail Address 2: _____

Work Phone: _____ - _____ - _____ (ext. _____)

*Cell Phone: _____ - _____ - _____

Occupation: _____

Employer: _____

Employer Street Address: _____



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Employer City: _____

Employer State: _____

Employer Zip: _____

Section 6: Emergency Contacts and Authorized Pickup

Contact 1

*Name: _____

*Relationship to Student Applicant:

Home Phone: ____ - ____ - _____

*Cell Phone: ____ - ____ - _____

*E-mail:

Contact 2

*Name: _____

*Relationship to Student Applicant:

Home Phone: ____ - ____ - _____

*Cell Phone: ____ - ____ - _____

*E-mail:

Contact 3

*Name: _____

*Relationship to Student Applicant:

Home Phone: ____ - ____ - _____

*Cell Phone: ____ - ____ - _____

*E-mail:

Contact 4

*Name: _____

*Relationship to Student Applicant:

Home Phone: ____ - ____ - _____

*Cell Phone: ____ - ____ - _____

*E-mail:

Section 7: Siblings

Please only complete this section if the student applicant has siblings.

Sibling 1

*Sibling Name: _____

*Sibling Age: _____

Sibling Date of Birth: ____/____/____

Sibling Gender: _____

Sibling Grade: _____

Sibling's Current School:

Sibling 2

*Sibling Name: _____

*Sibling Age: _____

Sibling Date of Birth: ____/____/____

Sibling Gender: _____

Sibling Grade: _____

Sibling's Current School:

Sibling 3

*Sibling Name: _____

*Sibling Age: _____

Sibling Date of Birth: ____/____/____

Sibling Gender: _____

Sibling Grade: _____

Sibling's Current School:

Sibling 4

*Sibling Name: _____

*Sibling Age: _____

Sibling Date of Birth: ____/____/____

Sibling Gender: _____

Sibling Grade: _____

Sibling's Current School:

Section 8: Medical Information

Medical Conditions:

Please list and explain any existing medical conditions.

<u>Condition</u>	<u>Comments/Explanation</u>
• _____	• _____
• _____	• _____
• _____	• _____
• _____	• _____

Allergies:

Please list and explain any existing allergies.

<u>Allergy</u>	<u>Comments/Explanation</u>
• _____	• _____
• _____	• _____
• _____	• _____
• _____	• _____

***Please check all diagnoses below that apply to the student applicant.**

- | | | |
|-------------------------------------|---|-------------------------------|
| <input type="checkbox"/> Dyslexia | <input type="checkbox"/> Dyscalculia | <input type="checkbox"/> ADD |
| <input type="checkbox"/> Dysgraphia | <input type="checkbox"/> Specified Learning Disability in Reading | <input type="checkbox"/> ADHD |

***If the student has been diagnosed with ADD or ADHD, is he/she taking medication as a form of treatment? Your answer does not automatically disqualify your child.**

- Yes
 No

***Other?**

- Yes
 No

If Yes to "Other", please explain: _____



Section 9: Alumni or Currently Enrolled Students

Alumnus/Enrolled Student 1

*Name: _____

*Age: _____

Gender: _____

Current Grade: _____

*Relationship to Student Applicant:

Alumnus/Enrolled Student 2

*Name: _____

*Age: _____

Gender: _____

Current Grade: _____

*Relationship to Student Applicant:

Alumnus/Enrolled Student 3

*Name: _____

*Age: _____

Gender: _____

Current Grade: _____

*Relationship to Student Applicant:

Alumnus/Enrolled Student 4

*Name: _____

*Age: _____

Gender: _____

Current Grade: _____

*Relationship to Student Applicant:

Section 10: Parent Questionnaire

Please answer the following questions to the best of your ability.

***Please describe your child's relationships with children his/her age.**

***Please describe his/her relationships with teachers.**

***To whom does your child best relate and why?**

***How do you feel your child would benefit from attending Vertical Skills Academy?**

***Whom may we contact for further information about your child?**

***Does Vertical Skills Academy have your permission to contact any of the named schools, educators, evaluators, and/or private tutors regarding your child?**

- Yes
- No

Is there anything else you would like to share with Vertical Skills Academy regarding your child? If so, please state it below.



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Section 11: Referrals

Please provide a name and email address for the requested referrals. We understand that the intervention tutor, literacy and math teachers may be the same individual, but please fill out each section with at least their name regardless. We will contact the referred individuals for a more complete understanding of the student applicant and their academic level if needed.

Literacy Teacher

*Name: _____

*E-mail Address: _____

Phone Number: _____ - _____ - _____

Math Teacher

*Name: _____

*E-mail Address: _____

Phone Number: _____ - _____ - _____

Academic Support Teacher

*Name: _____

*E-mail Address: _____

Phone Number: _____ - _____ - _____

Other

*Name: _____

*Relation to Student: _____

*E-mail Address: _____

Phone Number: _____ - _____ - _____

Section 12: Additional Documents

Please submit the following documentation either directly to the school or by e-mailing it to our Admissions Director, Kelsey Butz, at kbutz@verticalskillsacademy.org. If you will be e-mailing the document(s), please title the subject line "(Student Name)'s Additional Application Documents". Please send all documents in one e-mail. **Do not** send documents separately. ***Your application cannot be finalized until we receive these documents!***

- Current Professional Diagnostic Evaluations - Educational, Psychological, Speech, Occupational, IEP or 504
- Most Recent Report Card
- Progress Reports
- Any other helpful/diagnostic paperwork

Section 13: Photo, Video, and Sound Recording Release and Consent Form

By signing this Photo, Video and Sound Recording Release and Consent Form, you are irrevocably giving permission to Vertical Skills Academy (VSA) and VSA's officers, agents, employees, successors, licensees, and assigns to take and use photographs, video or sound recordings of your child for the upcoming academic year. This is completely voluntary and up to you.

Your consent to the use of the photographs, video and sound recordings and your child's image, likeness, appearance, and voice is for forever. You will not receive compensation for the use of your child's image, likeness, appearance, and voice now or in the future. VSA may use the photographs, video and sound recordings containing your child's image, likeness, appearance and voice in any manner or media, including use on web pages and social media platforms. The photographs, video and sound recordings may be used in whole or in part, alone or with other recordings. The photographs, video and sound recordings may be used for any educational, institutional, scientific or informational purposes whatsoever, but not for any commercial uses. VSA has the right and may allow others outside the school to copy, edit, alter, retouch, revise and otherwise change the photographs, video and sound recordings at the school's discretion. All right, title, and interest in the photographs, video and sound recordings belong solely to Vertical Skills Academy.

You further give permission to VSA to use your child's name, events, or other material in or in connection with any such uses of the photographs, video and sound recordings.

I understand and agree to the conditions outlined in this photograph, video and sound recording release and consent form. As the parent or legal guardian of the participant named below and on behalf of my child, I irrevocably give consent to Vertical Skills Academy and VSA's officers, agents, employees, successors, licensees, and assigns forever to make use of my child's image, likeness, appearance, and voice in photographs, video and sound recordings as described above. I acknowledge that I am fully aware of the contents of this release and am under no disability, duress, or undue influence at the time of my signing of this instrument.

Printed Name of Participant

Printed Name of Parent/Guardian

Signature of Parent/Guardian

Date Signed

Section 14: Parent/Guardian Signature(s)

Signature and Disclosure

I/We have provided complete and truthful information on the application and throughout the application process. I/We understand that full disclosure of information is essential to Vertical Skills Academy's making sound decisions regarding admission and educational care for all VSA students.

_____ / ____ / _____
Parent/Guardian 1 Printed Name *Date*

_____ / ____ / _____
Parent/Guardian 1 Signature *Date*

_____ / ____ / _____
Parent/Guardian 2 Printed Name *Date*

_____ / ____ / _____
Parent/Guardian 2 Signature *Date*

Release of Records

I waive my right to access confidential information contained in my child's admission file.

_____ / ____ / _____
Parent/Guardian 1 Printed Name *Date*

_____ / ____ / _____
Parent/Guardian 1 Signature *Date*

_____ / ____ / _____
Parent/Guardian 2 Printed Name *Date*

_____ / ____ / _____
Parent/Guardian 2 Signature *Date*