



Kunsberg School
Application for Admission
303-398-1103

Student Name: _____
(Last) (First) (Middle)

Address: _____
(Number and Street) (City) (State) (Zip Code)

Age: _____ Birthday: _____ Social Security #: _____
(Month/Date/Year)

Mother's Name: _____
(First) (Last)

Address: _____
(Number and Street) (City) (State) (Zip Code)

Phone: _____
(Home) (Cell) (Work)

Father's Name: _____
(First) (Last)

Address: _____
(Number and Street) (City) (State) (Zip Code)

Phone: _____
(Home) (Cell) (Work)

Name of Parent(s) or Guardian(s) with whom child resides: _____

Parents are: Married _____ Single _____ Divorced _____ Separated _____

If divorced or separated, who has custody of the child? _____

School District: _____ Grade: _____

Present Home School: _____
(Name of School) (Address)

Present Home School Phone #: _____

As part of the application and continued enrollment, I understand that my child's Academic, Hearing/Speech & Language, Occupational Therapy, and Physical Therapy skills may be assessed as need by staff at Kunsberg School and National Jewish Health.

Parent/Guardian Signature

Date