COLORADO APOSTOLIC ACADEMY

Enrollment
Application 2026-2027

STUDENT NAME: _____ **Applying for Grade:** _____

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MISSION STATEMENT

Empowering students of today to become strong leaders, critical thinkers, and lifelong learners who impact their communities and the world with integrity and faith.

GUIDELINES FOR ADMISSION 2026-2027

It is the desire of Colorado Apostolic Academy to partner with families that are philosophically and spiritually aligned with the school's mission. Therefore, we welcome families who 1) profess faith in Jesus Christ, 2) are actively involved in their church; and 3) can affirm the doctrinal statement within this Agreement.

1. The entire application packet must be returned, preliminary records received from the student's previous school (if applicable), and a pre-admission interview completed prior to any new student being considered for admission.

2. **A registration and curriculum fee of $500.00 per child must accompany the registration packet** to hold a place for **prospective new students** while their application is being considered. A refund will not be given to families who opt out after applying. If a prospective new student's application is not approved, the registration fee will be refunded.

3. Each applicant must give evidence of potential academic success in the school's program based on school records, entrance tests, and interviews. Each student must have a grade point average of 2.0 (C) or higher. (Consideration may be given to students with extenuating circumstances.) The principal will assign new enrollees to the appropriate grade level. **All NEW applicants will be on probation for the first marking period to be reviewed at the first school board meeting to assess their progress**.

4. Students must be five (5) years old by September 30 to enter Kindergarten.

DOCTRINAL STATEMENT

The Colorado Apostolic Academy doctrinal statement describes what we believe and teach and reflects the position upheld in the classrooms by our staff and volunteers. When the apostles selected men to assist with administration in Acts, they selected "men of honest report, full of the Holy Ghost and wisdom" (Acts 6:3). We are equipping children to be bold in their witness for Jesus and to change their world through faith in Him and by standing firmly on His Word. They must be influenced by adults who exhibit these characteristics. All staff and volunteers must affirm and strictly adhere to the following statement.

1. **Godhead:** There is only One God, our Lord and Savior Jesus Christ, and only He deserves all glory, honor, and praise. God does not exist as three separate persons nor does He share his glory and power with any other being. (Colossians 2:8-10)
2. **Word of God:** The Bible is the infallible Word of God and is the absolute Truth and is the authority for salvation and Christian living. (2 Timothy 3:15-17, 2 Peter 1:16-21)
3. **Love:** Love God with all of your heart, soul, mind, and strength, and love your neighbor as yourself. These are the two great commandments. (Matthew 22:37-40).
4. **Creation:** We believe in the literal six-day account of creation; that the creation of man lies in the spoken Word of God and not from previously existing forms of life. (Genesis 1)
5. **Salvation:** The Gospel is the good news that Jesus died for our sins, was buried, and rose again. We obey the gospel by repentance (death to sin), water baptism in the name of Jesus Christ (burial), and the baptism of the Holy Ghost with the initial sign of speaking in tongues as the Spirit gives the utterance (resurrection). The promise of God's gift is available to all of humanity. (Acts 2:38-39)
6. **Faith:** is the substance of things hoped for, the evidence of things not seen, and without faith, it is impossible to please God (Hebrews 11:1, 6). Jesus will be looking for faithful people when He returns. Therefore, faith in God must be demonstrated to staff, volunteers, parents, and students.
7. **Holiness:** is separation from the world and separation unto God. We are instructed to be holy as God is holy (1 Peter 1:13-23). Holiness is not only an inward presence of God, but it is also reflected in the outward life of the Christian in his or her conduct in this world. Some areas in which holiness is exhibited are through attitude, attire, hair (short for men; uncut for women), and home environment.
8. **Spiritual Authority:** Christ is the head over all things. He is the head of every man, and the man is head of the woman. No man can be the head of another man. (Ephesians 1:20-23; 1 Corinthians 11:3)
9. **Sexuality and Marriage:** Mankind was created male and female with each fulfilling their sexual role in a heterosexual monogamist marriage. All forms of sexual activity outside of a heterosexual marriage are a perversion of God's design for the family. God desires a man and woman to honor their marriage vows until death parts them. (Genesis 2:18-24; Matthew 19:4-6; Ephesians 5:21-33)
10. **Second Coming of Christ:** Jesus is coming for His Bride, the Church, and His return is imminent. (1 Thessalonians 4:13-17; Titus 2:11-15)

We acknowledge and agree to the Bible being taught from this doctrinal foundation.

_____ _____

Signature of Father/Guardian Date

_____ _____

Signature of Mother/Guardian Date

_____ _____

Signature of Student (Grade 6-12) Date

AGREEMENT BY PARENTS

- My child's attendance at Colorado Apostolic Academy ("CAA") is a privilege, and, if his/her conduct, academic progress, or cooperation with the school is not in keeping with the school's requirements, CAA may end my child's enrollment.
- I support the school's effort to train my child in accordance with the Bible. I agree to cooperate cheerfully with the spirit and regulations of the school and to support the school's philosophy and Doctrinal Statement.
- I pledge to cooperate with the school in disciplining my child according to the school's standards, practices, and policies as stated in the parent handbook.
- I understand that the school's standards, practices, and policies are subject to change and that final interpretation of such will be made by the principal and/or School Board.
- I understand that failing to cooperate with the school's standards, practices, and policies may put my child's enrollment in jeopardy.
- I understand that my student in grades 6-12 must affirm the Student Handbook, as well as a willingness to adhere to the Dress Code as set forth in the school Handbook.
- To encourage the students to adhere to the school's dress code and to be non-offensive to fellow parents, their guests, and other visitors, I agree to dress modestly when on campus, as well as when at off-campus school activities.
- I am aware that Colorado Apostolic Academy is a smoke-free, alcohol, and drug-free campus. I will refrain from these activities and from using profanities both inside and outside of the buildings, whether on campus or at off-campus school functions.
- I understand that my child's transcript or other school records will not be released until full payment of tuition, fees and/or any other unpaid balance is made. This agreement carries over from year to year.
- I consent to CAA gathering data from each of the schools that my child has attended in the past, as well as any other records and references deemed necessary for the processing of this application. I hereby authorize any necessary re-entrance testing that may be administered to my child.
- I give permission for my child to take part in all school activities, including school-sponsored trips away from the school premises. I absolve the school of all liability in the event my child is injured, either at school or during any school activity. I agree that my insurance will be the primary coverage for any injuries.
- Parental support is an essential part of the education process. If, in the sole discretion of the administration, a parent has failed to support and cooperate with the administrative staff or school board and abide by the standards articulated in the Doctrinal Statement, the administration reserves the right to deny the student continued enrollment in the school.

TO PROCESS YOUR APPLICATION, THE ENROLLMENT AND CURRICULUM FEE MUST ACCOMPANY APPLICATION FORMS.

Parents' Statement: By signing below, I hereby affirm that all facts given during the enrollment process are true and complete to the best of my knowledge. I have answered all the questions fully and honestly. I understand that the discovery of any fabricated statements and/or the omission of any significant facts, could lead to the immediate dismissal of my child from Colorado Apostolic Academy. I acknowledge that I have read, understood, and agreed to the statements made above and agree to support and comply with Colorado Apostolic Academy's practices, policies, and procedures. I agree that my insurance will be the primary coverage for any of my child's injuries.

Father / Guardian's Signature Date

Mother / Guardian's Signature Date

RULES OF GOOD CONDUCT

STUDENTS

1. Students are to be honest, courteous, and kind always.
2. Respect for teachers and other adults is expected and required. Teachers will also address the students with respect.
3. During regular school hours, students must be signed out by a parent or guardian before leaving school grounds, regardless of their reason for leaving early.
4. Student drivers are to sign in upon their arrival on campus and sign out before their departure each day. They must have their parents' written permission and sign out before leaving school grounds during regular school hours, regardless of their reason for leaving early.
5. There is to be no running, horseplay, or excessive noise in the hallways.
6. Students cannot leave or have another student or person, except their parents, leave school to get food for them.
7. Candy, food, and beverages are to be eaten in designated areas only.
8. Chewing gum is not allowed on campus.

PARENTS

We welcome suggestions or questions from parents/guardians. It is important to keep open communication between teachers, parents, administration and the school board. Colorado Apostolic Academy follows the guidelines set forth in Matthew 18:15-17 as the standard for conflict resolution. If a parent has a problem with a teacher, an appointment should first be set up with the teacher to discuss the problem. Usually, any issues can be resolved at this meeting. If not, it is then appropriate to request a meeting with the teacher and the administration.

I agree to this code of conduct.

_____ _____

Signature of Father/Guardian Date

_____ _____

Signature of Mother/Guardian Date

_____ _____

Signature of Student (Grade 6-12) Date

STUDENT HONOR CODE

Student's Name: _____ Grade: _____

1. I commit myself to growth in character and knowledge. I will do my best in each area listed below. I understand that this commitment is in effect twenty-four hours a day, 365 days per year.

2. I commit myself to respecting others. I will respect the dignity of all people and will be kind and forgiving. I will clearly show my respect for all teachers and staff members. I will follow the instructions of teachers without questioning or disputing.

3. I commit myself to moral excellence. I will always be truthful to my teachers, despite the consequences. All work that I turn in will be my own. I will be pure in mind and body. I will use appropriate language, which does not include profanity, vulgarity, or obscenity and is not coarse or crude. I will not use alcohol or tobacco products, and I will not use illegal drugs or abuse legal medications. I will abstain from sex until marriage. I will abstain from all kinds of sexual activity outside of heterosexual marriage.

4. I commit myself to personal responsibility. I will accept the consequences of my actions, whether positive or negative. I refuse to make excuses for any misbehavior, and I will not protest corrections or discipline given to me.

5. I commit myself to excellence in all that I do. God has blessed me with unique talents and abilities, so I will strive to do my best work on each assignment, being punctual, thorough, and diligent.

6. I commit myself to leadership. I am conscious that others will follow the example I set, so I will strive to always do my best. I will obey the rules of the school with a positive attitude.

7. I commit myself to knowing God. I will strive to know and follow His Word, the Bible. I will cheerfully participate in Bible class and chapel. I will examine myself to ensure my life is pleasing to Him.

Student's Statement: By signing below, I hereby affirm that I have read, understood, and agree to uphold the Honor Code as stated above. I further affirm that I will obey and comply with the Code of Conduct, as well as the Student Rules, while enrolled as a student at Colorado Apostolic Academy.

_____ _____

Signature of Student (Grade 6-12) Date

Application Date _____ **Grade Level you are applying for** _____

Student's First Name _____ **Middle** _____

Last Name _____ **Birth Date** _____ **Age** _____

Address _____
Street City State Zip

Student's Cell Phone: _____

Ethnic Origin of Student - REQUIRED INFORMATION: ***please circle one***)
☐American Indian ☐Asian ☐Black ☐Hispanic ☐Pacific Islander ☐White
☐Other: Sex: ☐M ☐F

FAMILY INFORMATION

Living With: ☐Both Parents ☐Father ☐Mother ☐Guardian / Other

Student's Parents are: ☐Married Widowed ☐*Separated ☐*Divorced ☐*Single

***Official court ordered custody documentation required. Please include with application.**

Father/Step-Father/Guardian's Name: _____

Occupation_____

Employer: _____ Business Phone: _____

Home Address: _____City: _____State: _____ Zip: _____

Home Phone: _____Cell Phone _____

Email address: _____

Mother/Step-Mother/Guardian's Name: _____

Occupation: _____

Employer: _____Business Phone: _____

Home Address: _____City: _____State: _____ Zip: _____

Home Phone: _____Cell Phone _____

Email address: _____

List occupants of your home

Name:_____Relation:_____

Name:_____Relation:_____

Name:_____Relation:_____

Name:_____Relation:_____

Name:_____Relation:_____

Name:_____Relation:_____

MEDICAL INFORMATON

Family Physician _____

Office Phone _____

Miscellaneous medical information (allergies, asthma, physical handicap)

_____

_____

_____

List any medication that your child is required to take on a regular basis at school

_____

MEDICATION POLICY

Colorado Apostolic Academy does not provide ANY medication for your child. ALL medications are to be left with school office personnel unless specifically prescribed in writing by a physician stating it must be with the student at all times. All medications, **including** over-the-counter medications, must be provided by the parent or guardian. Medications must be in their original container. Medications in zip-loc bags will not be accepted. A **MEDICATION RELEASE** form must be signed by a parent/guardian and kept on file for all students taking medications at school during the school year.

This form must contain the child's name, the name and reason for the medication, the time that the medication is to be dispensed and an authorized signature. **Prescriptions require a doctor's note.** Cough Drops will only be dispensed to children who brought their own in original package with student's name on it and must be kept in the school office. Students may not have any medication in their possession while on campus.

EDUCATIONAL INFORMATION

1. Beginning with your child's current school, list the name(s) of any school(s) that your child has attended in the past. (Please use additional paper if necessary.)
   (a) School: _____ Grade(s): _____ Dates: _____
   Address: _____ City: _____ State: _____
   Phone: _____
   Reason for Leaving: _____
   (b) School: _____ Grade(s): _____ Dates: _____
   Address: _____ City: _____ State: _____
   Phone: _____
   Reason for Leaving: _____
   (c) School: _____ Grade(s): _____ Dates: _____
   Address: _____ City: _____ State: _____
   Phone: _____
   Reason for Leaving: _____

2. Has this student ever repeated a grade? ☐Yes ☐No
   If yes, what grade?

3. Has this child ever been recommended for special education, been diagnosed with a learning disability, or had any childhood illness which might impair his or her ability to learn?
   ☐Yes ☐No **If yes, please attach the current IEP or 504 Plan documents**.

4. Does this child have any physical or emotional limitations, which might require accommodation?
   ☐Yes ☐No If yes, please explain. (Use additional paper if necessary.)

   _____
   _____

5. Has this student ever been expelled, suspended, or asked to withdraw from any school?
   ☐Yes ☐No If yes, please explain. (Use additional paper if necessary.)

   _____
   _____

6. Has this student ever been arrested? If yes, please explain. (Use additional paper if necessary.)
   ☐Yes ☐No If yes, please explain. (Use additional paper if necessary.)

   _____
   _____

7. Has this child ever used tobacco products, alcoholic beverages or any illegal drugs?
   ☐Yes ☐No If yes, please explain. (Use additional paper if necessary.)

   _____
   _____

CHURCH INFORMATION:

This student attends church: ☐ Weekly ☐ Monthly ☐ Occasionally ☐ Never

Name of church: _____

Pastor's name: _____

Church address: _____

Church phone number: _____

PARENT(S): Please state the reason you would like for your child to be enrolled in Colorado Apostolic Academy:

_____

_____

_____ _____

Signature of Father/Guardian Date

_____ _____

Signature of Mother/Guardian Date

STUDENT'S NAME: _____ **GRADE:** _____

Transportation:

Student Driver: ☐ **Yes** ☐ **No** | ☐ **Motorcycle** ☐ **Bicycle** ☐ **Other**

Does your child have permission to walk home from school? ☐ **Yes** ☐ **No**

If "Yes," parent's initial: _____

List the name(s) of any additional adult(s) who have your permission to pick your child up from school. Include the name(s) of anyone we may contact in cases of illness or injury in the event that we are unable to reach the parent/guardian(s) and indicate their relationship to the student. Each person listed must be local and willing to pick up the child. Please provide cell phone and alternate number if available.

Name:_____Relationship: _____ Phone: _____

Name:_____Relationship: _____ Phone: _____

Name:_____Relationship: _____ Phone: _____

Name:_____Relationship: _____ Phone: _____

Name:_____Relationship: _____ Phone: _____

Applicants' Signatures (Both parents/court appointed guardians must sign).

Father / Guardian's Signature: _____**Date:** _____

Mother / Guardian's Signature: _____**Date:** _____

ENROLLMENT AND TUITION FINANCIAL AGREEMENT

Parent/Guardian: _____ Phone: _____

Parent/Guardian: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Student Name: _____ Grade: _____

ENROLLMENT

NEW STUDENT ENROLLMENT FEE:

A registration and curriculum fee of $500.00 per child must accompany the application packet and will hold a place for **prospective new students** while their applications are being considered. If, for some reason, a prospective new student's application is not approved, the registration and curriculum fee will be refunded. However, a **refund will not be issued** to families **opting not to enroll** after applying.

TUITION

Tuition is $1,800.00 per student for the 2026-2027 school year.
(subject to change based on final enrollment number and facility)

PAYMENT METHOD:

I have **enclosed** the appropriate amount for the **registration fee/re-enrollment fee** and intend to pre-pay the **entire tuition** amount due for my family prior to the start of the upcoming school year.

I have **enclosed** the appropriate amount for the **registration fee/curriculum fee** and will be making **10 monthly tuition payments** based on the tuition plan that I have selected below:

10-Month Plan (September through June)

I was **referred** to Colorado Apostolic Academy by:

I am **recommending** the following families to CAA:

FINANCIAL AGREEMENT

AGREEMENT:

1. I agree to pay the total amount listed below and to make monthly payments by the **first day of each month**.
2. I understand that I will be charged a **late fee of $20.00** for each payment that is made after the **10th day of the month**.
3. I understand that if my account becomes 20 days past due, I will be charged **$1.00 for each additional day** that it is late.
4. I understand that if my account becomes 30 days past due, my child may be **suspended from school**.
5. I understand that **interest will be charged** on any unpaid balance after 30 days at a rate of one percent per month until the balance is paid in full.
6. I understand that I will be charged **$25.00 for each check** that is returned due to insufficient funds.
7. I understand that my **child's transcript** and/or other **school records will not be released** until full payment of tuition, fees, and any other unpaid balance is made, and all school property is returned or paid for.
8. All families (including those on any scholarship) will be required to pay any outstanding balance at the time of withdrawal.

My signature indicates that I have read the above agreement and hereby agree to abide by all provisions therein. I understand that this agreement carries over from year to year.

_____ _____

Signature of Parent/Guardian Date **Signature of Parent/Guardian Date**

RELEASE OF RECORDS REQUEST

Colorado Apostolic Academy
www.coloradoapostolic.academy

Date of Request:_____

School Name:_____

School Address:_____

School Phone:_____

Email: _____

RE: (1) _____ GRADE: _____ D.O.B. _____
(2) _____ GRADE: _____ D.O.B. _____
(3) _____ GRADE: _____ D.O.B. _____
(4) _____ GRADE: _____ D.O.B. _____

The above listed student(s) has/have requested and is/are **being considered** for admission to our school
FOR: Immediate Entry Fall Registration
To expedite the **application process**, we ask that you please send **copies** of the checked records to our school as quickly as possible.

All Available Report Cards/Progress Reports	✔
Standardized Test Results (i.e. SAT and FCAT Scores)	✔
Attendance Records	✔
Discipline Records	✔
Health Records	✔
IEP/504 Plans, Intellectual and/or Psychological Evaluations, etc.	✔

Please send via email to
COLORADO APOSTOLIC ACADEMY
coloradoapostolicacademy@gmail.com

If the student(s) withdrew during a grading period, please indicate the grades earned through the last day of enrollment, as well as any additional information that might be helpful in properly placing this student. Thank you in advance for your prompt attention to this request.

_____ _____
Parent/Guardian Signature **Principal's Signature**

Parental permission is no longer required when records are requested by authorized school personnel. (Family Education Rights and Privacy Act, Final Rule of Education records, Federal register, July 17, 1976. Vol., 41. No. 118, Page 24673).

COLORADO
Department of Public Health & Environment

Dear families of students attending Colorado kindergarten through 12th grade schools for the 2026-27 school year:

This letter includes important information and other resources about Colorado's immunization requirements to attend school. There's nothing more important than making sure your child stays healthy and learning all year long. Routine vaccination can prevent the spread of diseases like measles, mumps, varicella (chickenpox), whooping cough, and others, so kids can just be kids. The vast majority of Colorado families choose to protect their children through vaccination.

Colorado law requires students attending school to be vaccinated against many diseases, unless a certificate of exemption is filed. For more information, visit cdphe.colorado.gov/immunization-policy-and-board-health-rules. Before your student's first day of school, you are responsible for providing at least one of the following to each school your student attends:

1. An up-to-date immunization record.
2. An in-process plan (example).
3. A Certificate of Medical or Nonmedical Exemption for any missing doses of school-required vaccine(s).

Vaccines required to attend school (K-12)	Number of valid doses* to start kindergarten and attend school (K-12)
Hepatitis B (HepB)	3 doses
Diphtheria, tetanus, pertussis (DTaP)	5 doses
Polio (IPV)	4 doses
Measles, mumps, rubella (MMR)	2 doses
Varicella (chickenpox)	2 doses
In addition, at seventh grade entry, your child is required to have:	
Tdap (tetanus, diphtheria, pertussis)	1 dose

*If your child is or was behind on routine vaccines, the number of doses may vary. Colorado's school (K-12) immunization table can help you and your child's health care provider determine if your child has the required number of doses.

Colorado requires vaccines to be given following the vaccine schedules outlined in Colorado Board of Health rule 6 CCR 1009-2 for the number and spacing of doses of the required vaccines. View the recommended vaccine schedule for children birth through 6 years and children/adolescents 7-18 years of age. **Get seventh-grade ready:** Beginning in the 2026-27 school year, Colorado law requires adolescents to receive one dose of Tdap **before their first day of** seventh grade. Adolescents who had a Tdap at sixth-grade entry for the 2025-2026 school year do not need another dose for seventh grade. Questions? Refer to the Tdap letter, linked on our school webpage.

There are other vaccines that are not required for K-12 school but recommended, including: COVID-19, hepatitis A (HepA), human papillomavirus (HPV), influenza (flu), and meningococcal disease (MenACWY and MenB).

Vaccination records
Share your student's updated Certificate of Immunization with their school every time they receive a vaccine. Need to find your student's vaccine record? Visit the finding a student's immunization records for school webpage or COVaxRecords.org for more information.

Exclusion from school
If there is an outbreak of a vaccine-preventable disease at your student's school, and your student has not received the vaccine for that disease, they may be excluded from school for many days. That could mean lost learning time for them and lost work and wages for you. For example, if your student is not up to date with their MMR vaccines, they may need to stay home from school for at least 21 days after someone at the school gets sick with measles.

Exemptions from one or more school-required vaccines
Medical Exemption. If your health care provider determines that your student cannot get vaccines for medical reasons, you must submit a Certificate of Medical Exemption to your school.

Nonmedical Exemption. If you choose not to have your student vaccinated for nonmedical reasons, you must submit a Certificate of Nonmedical Exemption to your school. There are two ways to obtain a nonmedical exemption:

1. Submit the Certificate of Nonmedical Exemption signed by an advanced practice nurse (APN), pharmacist, physician (MD or DO), physician assistant (PA), or registered nurse (RN), licensed in Colorado. 2. Submit the Certificate of Nonmedical Exemption you will be able to access after completing Colorado's Online Immunization Education Module.

Nonmedical exemptions must be submitted on an annual basis. Find more information about exemptions at cdphe.colorado.gov/exemptions-to-school-required-vaccines. _

Have questions?
Talk with a health care provider or your local public health agency to ask questions and find out which vaccines your student needs. Read about the benefits and importance of vaccines at childvaccineco.org, HealthyChildren.org, and cdphe.colorado.gov/immunization-education.

Finding and paying for vaccinations
Find a vaccine provider at cdphe.colorado.gov/get-vaccinated. Visit COVax4Kids.org to find free or low-cost vaccines. Dial 2-1-1 for information on Health First Colorado (Medicaid) and vaccine clinics in your area.