



2020-2021 Application Packet

Kunsmiller Creative Arts Academy is a choice enrollment school. Please read through our admissions process to find out more about how to become a part of our great school community.

Step 1: Intent to enroll form

Complete the KCAA Intent to Enroll application. This form is available on the KCAA website: kcaa.dpsk12.org and can be completed online, faxed, mailed, or dropped off in the main office. (Fax number 720-424-0145)

Step 2: Enrollment Event

January 25, 2020. 9:00-3:30. Required for all new applicants as well as current KCAA 5th & 8th graders wishing to transition to middle and high school.

Step 3: Interview and Recommendations

While attending the enrollment day event, students will spend approximately one hour in an interview process. Please bring a sample of your artwork (original artwork, photo of your artwork, video of a performance, or live demonstration such as dance, music, or drama) that you would like to share with the interview committee.

Please also bring your 2 letters of recommendation in a sealed, signed envelope (part of The Intent to Enroll application). The Intent to Enroll application is available on the Kunsmiller website, kcaa.dpsk12.org and can be completed prior to the Enrollment Event on January 25. Current KCAA 5th and 8th graders **MUST** go through the application process to attend KCAA for 6th or 9th grade.

Step 4: School of Choice Application

The SchoolChoice Round 1 window is open January 15 - February 18, 2020. DPS has an online, mobile-friendly tool which families will use to submit their School of Choice application. This new tool can be easily accessed from cell phone, tablet or computer. Please visit the website schoolchoice.dpsk12.org to begin the application process. School of Choice telephone hotline: (720-423-3493).

Please note- Students completing the entire admissions process will be given priority enrollment by Kunsmiller Creative Arts Academy



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CREATIVE ARTS ACADEMY

Intent to Enroll Form - 2020-2021

KCAA Staff: date submitted: _____

Student Name: _____ Birth Date: _____
Last First Middle

Current School: _____ Current Grade: _____

Parent/Guardian Name: _____ Primary Phone: _____

Street Address: _____ Cell Phone: _____

City : _____ State: _____ Zip: _____ Live in DPS? ____ Yes ____ No

Parent Email: _____

Does your student currently have an IEP?* ☐ Yes ☐ No

Siblings already at KCAA? ☐ Yes ☐ No Sibling's Grade(s) _____

Siblings applying to KCAA? ☐ Yes ☐ No Sibling's Grade(s) _____

Secondary students only: Prioritize your top 3 art interests

Choir _____ Band _____ Strings _____ Drama _____ Tech Theatre/Stagecraft _____

2D Art _____ 3D Art _____ Dance _____ Audio Engineering (HS ONLY) _____

*If a student will need special considerations or accommodations, a parent/guardian must specifically request the special considerations sought or accommodations needed and must provide supporting documentation (such as an IEP or 504 plan). It would be discriminatory for the District to assume that special education considerations or accommodations are necessary without first receiving such a request and appropriate documentation. Please direct requests for special considerations to Peter Castillo at (720) 424-0204. The admission of an identified student is contingent upon the determination of an IEP team that the student can receive a free and appropriate public education in the least restrictive environment at the school.



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Letter of Recommendation

To be completed by student and parent/guardian

Student's Name _____ Applying to Grade _____
Parent/Guardian Name _____ Phone # _____

To be completed by teacher/coach/employer

Name _____ Phone # _____
School/Organization _____
Your Title: _____

Please circle your relationship to the student

Coach	Community Member	Religious Instruction Teacher	Tutor	Employer	Other
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1. Knowledge of Applicant:

Approximately how long have you known this applicant? _____
How well do you feel you know this applicant ____ Casual ____ Well ____ Very well

2. Recommendation:

Considering this applicant's academic record, special abilities, ambition, and determination, please indicate your recommendation:

____ Recommend Strongly ____ Recommend with reservation
____ Recommend ____ Cannot recommend

3. Evaluation:

In comparison with other students of the same age, I would rate this student as follows:

	Top 5%	Top 10%	Top 20%	Upper 50%	Unable to rate
Ability to grasp new concepts					
Perseverance towards goals					
Originality, intellectual creativity					
Mathematical and logical thought					
Written expression					
Oral expression					

4. Any additional comments about this applicant:



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To be completed by teacher/coach/employer

Name _____ Phone # _____
School/Organization _____
Your Title: _____

Please circle your relationship to the student

Coach	Community Member	Religious Instruction Teacher	Tutor	Employer	Other
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4. Any additional comments about this applicant: