



Southwest Early College
3001 South Federal Boulevard
Box 114
Denver, CO 80236

Voice: (303) 935-5473
FAX: (303) 935-5591
Email: info@secdenver.org
www.secdenver.org

Student Enrollment Form

Date: _____ Grade applying for: _____ Term applying for: _____
Year & semester-fall/spring
(ex: 2008-09 Fall)

Student Name: _____
First Name Middle Name Last Name

Student Birthdate: _____ Current Grade: _____
mm/dd/yy

Current School: _____ School phone: _____

Parent/Guardian Name: _____

Address: _____
Street Address (& Apt. No.) City State Zip

Telephone Number(s): _____
Home Work Cell/Pager

Parent/Guardian Email Address: _____

Certification: I certify that all information is true and accurate to the best of my knowledge and that submitting this form constitutes a binding commitment to enroll at Southwest Early College. I understand that if all available spaces are filled, my name will be placed into a lottery for admission.

Student Signature

Parent/Guardian Signature

Mail to:

Southwest Early College
3001 S Federal Blvd
Denver, CO 80236

or Fax to: 303-935-5591