



New Student Application 2026-2027

Please Email Completed Form to: shouston@ptaa.org

This form is for our NEW FAMILIES only who are seeking admission in K-9th Grade for PTAA COLORADO

Primary Guardian:

First Name: _____ Last Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Mobile # (____) _____ - _____

Work # (____) _____ - _____

Main Email Address: _____

Current School District: _____

Secondary Guardian:

First Name: _____ Last Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Mobile # (____) _____ - _____

Work # (____) _____ - _____

Current School District: _____

Student(s) Information:

____ I CERTIFY: by checking here, I certify to the best of my knowledge and belief that the information in this application is complete and accurate. I understand that any false information, omission or misrepresentation of facts may result in the rejection of this application or future dismissal of the applicant(s). I also certify that student(s) has not been expelled from any school district for the preceding 12 months and has not engaged in behavior in another school during the preceding 12 months that will be detrimental to the welfare or safety of other students or school personnel.

Legal First Name	Legal Middle Name	Legal Last Name	Gender (M/F)	DOB (MM/DD/YY)	Grade (2025-2026)

Previous School Name: _____ Previous School District: _____

School Address: _____ School Phone: _____

Why did you choose PTAA?
