



<b>MDS USE ONLY:</b> Rec'd	Campus:	Class:	Start Date:
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## APPLICATION FOR CHARTER STUDENT ADMISSION 2021-2022

**Please print in black ink!**

**GRADE APPLYING FOR:** \_\_\_\_\_

**PROGRAM SELECTED:**

<b>Half Day KG (8:30-11:30)</b> ____	<b>Full Day KG (8:30-2:45)</b> ____	<b>Academic Day (8:30-3:15)</b> ____
<b>Extended Day (8:00-4:30)</b> ____	<b>All Day (7:00-6:00)</b> ____	

**RETURNING STUDENT?** Yes \_\_\_\_ No \_\_\_\_ **IF YES, PREVIOUS CAMPUS/TEACHER:** \_\_\_\_\_

**CHILD'S FULL NAME:** \_\_\_\_\_ **BIRTHDATE:** \_\_\_\_\_ M \_\_\_\_ F \_\_\_\_

**ADDRESS:** \_\_\_\_\_ **CITY/ZIP:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **LEGAL LAST NAME (if different from above):** \_\_\_\_\_

**LANGUAGE: (ADE required, plus PHLOTE form)** What is the primary language used in the home regardless of the language spoken by the student? \_\_\_\_\_ What is the language most often spoken by the student? \_\_\_\_\_  
 What is the language that the student first acquired? \_\_\_\_\_

**REQUIRED BY LAW - Ethnicity:** Is this student Hispanic/Latino? (choose only one) No \_\_\_\_ Yes \_\_\_\_

**Race: (choose one or more)** White \_\_\_\_ Black \_\_\_\_ American Indian/Alaska Native \_\_\_\_ Asian \_\_\_\_ Native Hawaiian/Pacific Islander \_\_\_\_

**MOTHER/GUARDIAN'S NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **CITY/ZIP:** \_\_\_\_\_

**HOME PHONE:** \_\_\_\_\_ **WORK PHONE:** \_\_\_\_\_ **CELL NUMBER:** \_\_\_\_\_

**EMPLOYER:** \_\_\_\_\_ **OCCUPATION:** \_\_\_\_\_

**E-MAIL ADDRESS:** \_\_\_\_\_ **RELATION TO CHILD:** \_\_\_\_\_

**FATHER/GUARDIAN'S NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **CITY/ZIP:** \_\_\_\_\_

**HOME PHONE:** \_\_\_\_\_ **WORK PHONE:** \_\_\_\_\_ **CELL NUMBER:** \_\_\_\_\_

**EMPLOYER:** \_\_\_\_\_ **OCCUPATION:** \_\_\_\_\_

**E-MAIL ADDRESS:** \_\_\_\_\_ **RELATION TO CHILD:** \_\_\_\_\_

**CHILD LIVES PRIMARILY WITH (mark all that apply):** Mother \_\_\_\_ Father \_\_\_\_ Step-Parent \_\_\_\_ (name: \_\_\_\_\_)  
 Grandparent \_\_\_\_ (\_\_\_\_\_) Foster Family \_\_\_\_ (\_\_\_\_\_) Other \_\_\_\_ (\_\_\_\_\_)

**IF DIVORCED, DO YOU HAVE JOINT LEGAL CUSTODY?** Yes \_\_\_\_ No \_\_\_\_ **IF NO, DO YOU HAVE CUSTODY DOCUMENTS?** Yes \_\_\_\_ No \_\_\_\_  
**\*\* (You must provide a copy of official documents that state custody arrangement)**

**PLEASE DESCRIBE VISITATION ARRANGEMENTS:** \_\_\_\_\_

**NAMES AND AGES OF SIBLINGS:** \_\_\_\_\_

**Please describe any special family needs, conditions or circumstances** \_\_\_\_\_

PLEASE INDICATE ALL FORMER SCHOOLS CHILD HAS ATTENDED:

NAME OF SCHOOL	CITY	DATES ATTENDED	REASON FOR LEAVING

**THE FOLLOWING INFORMATION IS USED TO BETTER SERVE YOUR CHILD:** Has your child ever been tested for SPECIAL SERVICES?

Yes \_\_\_ No \_\_\_ If yes please describe:

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**DOES YOUR CHILD HAVE A CURRENT IEP?** Yes \_\_\_ No \_\_\_ **A 504 PLAN?** Yes \_\_\_ No \_\_\_ **An ILLP?** Yes \_\_\_ No \_\_\_

**HAS YOUR CHILD EVER BEEN EXPELLED OR SUSPENDED FROM SCHOOL?** Yes \_\_\_ No \_\_\_ If yes, please give dates, school name, and circumstances \_\_\_\_\_

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**DO YOU GIVE PERMISSION** FOR YOUR NAME AND PHONE NUMBER TO BE PUBLISHED IN THE SCHOOL ROSTER? Yes \_\_\_ No \_\_\_

**DO YOU WISH TO ALLOW** YOUR TELEPHONE AUTHORIZATION FOR RELEASE OF YOUR CHILD TO THE PERSON(S) NAMED ON THE EMERGENCY CARD?

YES \_\_\_ NO \_\_\_ IF YES, DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

**PLEASE CHECK AS APPLICABLE:** I GIVE PERMISSION FOR MY CHILD TO HAVE HIS/HER PICTURE TAKEN AND USED ON OUR WEB SITES \_\_\_\_\_  
SCHOOL YEARBOOK \_\_\_\_\_ SCHOOL NEWSLETTER \_\_\_\_\_ PUBLIC RELATIONS/PUBLICITY MATERIALS \_\_\_\_\_.

FOR AREAS ABOVE CHECKED YES, DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

**I understand that in the event of an emergency my child will be taken to the nearest hospital or emergency center for treatment. The staff will attempt to contact me prior to arranging transportation, if circumstances permit.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

**I wish to apply for my child's admission/readmission to Montessori Day Schools. The information provided is correct and true to the best of my knowledge.**

\_\_\_\_\_  
Parent/Guardian Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date