



2017-2018 New Student Enrollment Application

FOR OFFICE USE ONLY

- EIRR Immunization Record
- Birth Certificate
- Proof of Residency
- FRL Eligibility
- Custody Papers (if applicable)
- Tuition Fees (if applicable)
- Parent Handbook

SAIS # _____

SIBLING ENROLLMENT PRIORITY CONSIDERATION FOR:

Child's Name (PLEASE PRINT): _____

<i>Last Name</i>	<i>First Name</i>	<i>MI</i>
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PROGRAM LEVEL:

- ½ Day AM Preschool
 Full Day Preschool
 Full Day Kinder
 ½ AM Day Kinder
 1st Grade
 2nd Grade
 3rd Grade
 4th Grade
 5th Grade
 6th Grade

NOTE: The child must be five years old by 09/01/17 to apply for Kindergarten, and six years old by 09/01/17 to apply for 1st grade.

BACKGROUND INFORMATION

Child's date of birth: _____ Gender: Male Female
 (MM/DD/YYYY)

School/Preschool currently attending/most recently attended: _____

Does the child have previous Montessori experience? Yes No
 If yes, Montessori School: _____ Years attended: _____

Has child ever been suspended or expelled from any school? Yes No
 If yes, please provide date(s) & explain:

CHILD'S ETHNICITY & LANGUAGE (This information is **required** by the Arizona Department of Education)

Is child Hispanic/Latino? YES NO

ETHNICITY: WHITE BLACK/AFRO-AMERICAN ASIAN AMERICAN INDIAN/NATIVE ALASKAN NATIVE HAWAIIAN/PACIFIC ISLANDER

Language most often spoken in the home? English Other: _____

Language most often spoken by the child? English Other: _____

Please identify the child's *first* spoken language: English Other: _____

PARENT INFORMATION (PLEASE PRINT)

Parent/Guardian #1: _____	Parent/Guardian #2: _____
Physical Address: _____	Physical Address: _____
City/State/Zip: _____	City/State/Zip: _____
Mailing Address: _____	Mailing Address: _____
City/State/Zip: _____	City/State/Zip: _____
Home Phone: _____	Home Phone: _____
Work Phone: _____	Work Phone: _____
Cell Phone: _____	Cell Phone: _____
Email: _____	Email: _____

SPECIAL NEEDS

Has your child ever been assessed and/or evaluated for special needs or learning differences? Yes No

If yes, please identify & explain: _____

Does your child have a current IEP (Individual Education Plan)? Yes No A current 504 plan? Yes No

Why have you chosen a Montessori education for your child? _____

What are your educational goals for your child? _____

ADDITIONAL PROGRAM INTEREST SURVEY

Would you be interested in enrolling your child for any of the following programs, if offered?

- Before School Care? Yes No
- Before AND After School Care? Yes No
- 2018 Summer School Program for June? Yes No July? Yes No
- After School Care? Yes No
- Holiday Care (Fall, Winter, Spring Breaks)? Yes No

PROMOTIONAL MATERIALS: The undersigned hereby gives consent to Camino Montessori to use photographs, video, and/or movies taken of this enrolled child for promotional use.

Parent/Legal Guardian #1 Signature *Date*

Parent/Legal Guardian #2 Signature *Date*

PARENT/GUARDIAN SIGNATURE(S)

I/WE understand that the Student Enrollment Packet will be considered on a first-come, first-served basis and, furthermore, that our child’s enrollment is also contingent upon available space at the appropriate level. I/we further understand that the Montessori curriculum is presented as a 3-4 year cycles for Pre-School (ages 3-6 years), Elementary I (1st-3rd grade) & Elementary II (4th-6th grade), and that completing the full program’s cycle will provide the most optimal educational benefit to my/our child.

Parent/Legal Guardian #1 Signature *Date*

Parent/Legal Guardian #2 Signature *Date*