

THE MONTESSORI SCHOOLHOUSE

APPLICATION FOR ADMISSION/ENROLLMENT FORM- Charter School and Preschool

Child's Name _____ Sex _____ Age _____ Date of Birth _____ State of Birth _____
Street Address _____ Zip _____ Home Ph. _____

Name of Mother _____ Occupation _____
Home Address (If different from Child) _____ Hm Ph _____
Email _____ Bus. Ph _____ Cell Ph _____

Name of Father _____ Occupation _____
Home Address (If different from Child) _____ Hm Ph _____
Email _____ Bus. Ph _____ Cell Ph _____

Education: Mother _____ Father _____

Are Parents Living Together? _____ Who is the primary Caregiver? _____
Military Connected Student *Y* *N* Please Identify Service *Activity Duty* *Full Time AZ National Guard* *Reserve Force*

Previous School Attended: _____ City _____ State _____
SAIS ID (from previous AZ school) _____

Has the child been expelled or is in the process of being expelled? No _____ Yes _____ (Please Attach Explanation)

Has the child ever been enrolled in or tested for? (Check all that apply):
Special Education Programs(s) _____ (Explain _____) Gifted Program _____ ADD/ADHD _____
Serious illness or handicaps: No _____ Yes _____ Specify _____ Attach copy of documentation.

Name of Family Doctor: _____ Ph _____

In case of emergency, if neither parent is available, whom should we contact?

	NAME	RELATIONSHIP TO CHILD	PHONE
1.	_____	_____	_____
2.	_____	_____	_____

Are there any allergies or unusual characteristics we should know about your child? Please attach explanation.

Please answer Ethnicity THEN Race. (Hispanic/Latino Ethnicity will supersede race. If you identify as multi-racial, only check Race boxes.)

Ethnicity: Is this student Hispanic/Latino? _____

Race: Identify one or more races. American Indian or Alaskan Native _____ Black or African American _____
Asian _____ Native Hawaiian or Other Pacific Islander _____ White _____

Primary language used at home? _____ **Language most spoken by student?** _____

Language student first acquired? _____ **Special Interest/Hobby** _____

Has your family moved in the last 3 years to seek farm work? No _____ Yes _____

Please list the name, age and gender of any other person(s) living in your home:

Which level are you interested in for your child?

Preschool _____ Kindergarten _____ Lower Elementary _____ Upper Elementary _____

If you have any questions regarding enrollment, please call 520.319.8668.

Signature of Parent _____ Dated _____

Start Date _____ Entered By _____
Date Entered in SchoolMaster _____