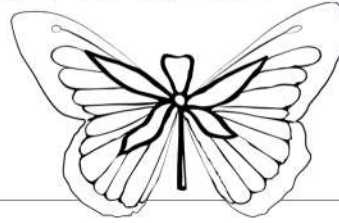


MAIN CAMPUS

(Private: 18 mos. - 4 yrs. ~ Charter: 5 - 12 yrs.)  
2834 East Southern Avenue, Mesa, AZ 85204  
(480) 926-8375 Fax: (480) 503-0515  
montessorictr.org



NORTH CAMPUS

(Private: 2 - 4 yrs. ~ Charter: 5 - 12 yrs.)  
815 North Gilbert Road, Mesa, AZ 85203  
(480) 964-1381 Fax: (480) 668-5457  
montessorictr.org

**Application for Admission**

Please check the campus you would like to enroll your child:  
 Main Campus  North Campus  Either/Soonest Available

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ M  F

Mother's Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Street City Zip

Father's Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Street City Zip

Single  Married  Separated  Divorced  Widowed

State & Country of Child's Birth: \_\_\_\_\_

Please indicate choice:

- Toddler: Morning  Full day
- Preschool: Morning  Full day
- Kindergarten: Morning (8:30 am – 11:30 am)
- Kindergarten: Extended day (8:30 am – 2:45 pm)  \$200 per month
- Lower Elementary: (1-3) Grade \_\_\_\_\_
- Upper Elementary: (4-6) Grade \_\_\_\_\_

Father's Name (First, Middle Int., Last) \_\_\_\_\_ Occupation \_\_\_\_\_

Name of Firm \_\_\_\_\_ Business Phone \_\_\_\_\_

Mother's Name (First, Middle Int., Last) \_\_\_\_\_ Occupation \_\_\_\_\_

Name of Firm \_\_\_\_\_ Business Phone \_\_\_\_\_

Please list any other siblings in the family and their ages \_\_\_\_\_

Please list persons authorized to transport your child. Children will be released only to authorized persons.

1. Name \_\_\_\_\_ Phone \_\_\_\_\_

2. Name \_\_\_\_\_ Phone \_\_\_\_\_

3. Name \_\_\_\_\_ Phone \_\_\_\_\_

4. Name \_\_\_\_\_ Phone \_\_\_\_\_

5. Name \_\_\_\_\_ Phone \_\_\_\_\_

Are there any special conditions or circumstances involving your child that would be helpful for the staff to know about in working with your child?

Please provide the name and address of institutions where previous educational records can be obtained (Elementary).

Please indicate any significant illness, health conditions, or allergies your child may have.

Does your child take any medication? Yes  No  What kind? \_\_\_\_\_

Does your child have any known handicaps? Yes  No  please describe: \_\_\_\_\_

**Do you give permission for your student to be photographed, videotaped and/or audiotaped and for the use of the resulting photographs/tapes be placed on the school's website, yearbook or individual classroom newsletters?  YES  NO**

Does your child have permission to participate in all field trips? This allows for spontaneous field trips such as nature walks, trips to the local park, etc. Yes  No

With our signature below, we hereby grant permission for our child to use all of the play equipment and to participate in all school activities.

**Required Documents for Enrollment/Admission:**

1. **Immunization Records:** are required unless there is a valid exemption pursuant. ARS 15-872.
2. **Residency Documentation:** Pursuant to ARS 15-802(B) Arizona Residency Documentation is required upon registration of your child in any Arizona public or charter school. Please fill out the attached Residency Documentation Form and return with a copy of one of the required documents listed on the form.
3. **Identity and Age:**
  - A certified copy of the pupil's birth certificate;
  - Other reliable proof of the pupil's identity and age, including pupil's baptismal certificate, an application for social security number or original school registration records **and** an affidavit explaining the inability to provide a copy of the birth certificate; or
  - A letter from the authorized representative of an agency having custody of the pupil pursuant to a juvenile court proceeding, certifying that the pupil has been placed in the custody of the agency as prescribed by law. A.R.S. §15-828 (A) (1)-(3).

Both parents/legal guardians are financially responsible for all school and/or classroom fees.

**Before and After School Care:**

- Billing will be based on hours of arrival/departure, excluding school hours, at \$6 per hour. Our extended care hours are from 7:30 a.m. to 8:15 a.m. and 3:00 p.m. to 5:30 p.m. If your child is dropped off prior to carline, you will be charged extended care fees until 8:15 a.m. There is a 15-minute grace period to pick up your child(ren) when school ends. They will be charged after school care fees starting at 3:16 p.m. retroactive to 3:00 p.m., billed and rounded up in 30 minute increments. Once the time is 5:36 p.m., you will be charged a fee of \$1 per minute per child, retroactive to 5:30 p.m. The fees will be charged automatically to the form of payment you have on file.

Parent E-mail: \_\_\_\_\_

Parent E-mail: \_\_\_\_\_

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

MONTESSORI EDUCATION CENTRE - CHARTER SCHOOL

Student Name \_\_\_\_\_

The U.S. Department of Education requires all states to collect race and ethnicity information on students and staff.

**Ethnicity: (Must select one):**

No, not Hispanic/Latino  Yes, Hispanic/Latino

**Race: (Must select one or more):**

American Indian/Alaskan Native  Asian  Black or African American  
 Native American or other Pacific Islander  White

To help us meet your child’s individual needs, please answer the following questions:

1. School last attended \_\_\_\_\_  
Address City Zip

2. Was your child enrolled in special education programs/classes at his/her previous school?

No  Yes If yes, please describe:

- Speech
- Gifted
- Learning Disability (LD)
- English as a 2<sup>nd</sup> Language (ESL)
- Special reading class
- Other \_\_\_\_\_

Does your child have an Individual Education Program (IEP) on file at her/his previous school?  No  Yes

If yes, please fill out a “Request for Release of Confidential Records.”

**State of Arizona Department of Education**  
Office of English Language Acquisition Services  
**Primary Home Language Other Than English (PHLOTE)**  
Home Language Survey  
(Effective April 4, 2011)

These questions are in compliance with Arizona Administrative Code, R7-2-306(B)(1), (2)(a-c).

Responses to these statements will be used to determine whether the student will be assessed for English Language Proficiency.

1. What is the primary language used in the home regardless of the language spoken by the student? \_\_\_\_\_

2. What is the language most often spoken by the student? \_\_\_\_\_

3. What is the language that the student first acquired? \_\_\_\_\_

Student Name \_\_\_\_\_ Student ID \_\_\_\_\_

Date of Birth \_\_\_\_\_ SAIS ID \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

District or Charter \_\_\_\_\_

School \_\_\_\_\_

\*\*\*\*\*

Please provide a copy of the Home Language Survey to the EL Coordinator/Main Contact on site.

In AzEDS, please indicate the student’s home or primary language. 1535 West Jefferson Street, Phoenix, Arizona 85007 \* 602-542-0753 \* [www.azed.gov/oelas](http://www.azed.gov/oelas)