Silver Sands Montessori Charter School

2019-2020 Student Enrollment Interest Form

Part I – Student Data ***NRS 392.165: STATE LAW REQUIRES ENROLLMENT OF STUDENT BY LEGAL NAME**

Student Legal Name* (Last, First, Middle):			Grade Applying for:	Gender:
SSN(last 4 digits only): 000-00-	Date of Birth:	Birthplace (City, State)	County of Residence:	Residence Phone #:
Age on 9/30/19	T-Shirt Size (upon acceptance and completion of enrollment a t-shirt will be provided to the student at orientation) ☐ Youth Small ☐ Youth Medium ☐ Youth Large ☐ Adult Small ☐ Adult Medium ☐ Adult Large ☐ Adult X-Large			
Home Address:			City:	Zip Code:
Mailing Address/P.O. Box, if different than residence:				

Part II – Parent/Guardian Data 1 (Must be completed by Parent or Legal Guardian)

☐ Mother ☐ Father ☐ Stepmother ☐ Stepfather ☐ Other – specify:
If step-parent, does he or she have permission to see educational records and discuss the student with staff? ☐ Yes ☐ No

Full Name	Legal custody? ☐ Yes ☐ No ☐ Joint (please provide custody/ guardianship docs.)	Contact Phone Number:
Employer:	Occupation:	Employer Telephone Number:
Military? ☐ Yes ☐ No If yes, Branch?:	Status: (i.e., Deployed, Active-not deployed, Retired, discharged, etc.)	Site/Location:
Same residence/mailing address as student? ☐ Yes ☐ No (If no, would you like an extra mailing for notification purposes? ☐ Yes ☐ No Address:		
Does student live with this parent/guardian ☐ Full-time ☐ Part-time ☐ Not during school year	Email:	

Parent/Guardian Data 2

☐ Mother ☐ Father ☐ Stepmother ☐ Stepfather ☐ Other – specify:
If step-parent, does he or she have permission to see educational records and discuss the student with staff? ☐ Yes ☐ No

Full Name	Legal custody? ☐ Yes ☐ No ☐ Joint (please provide custody/ guardianship docs.)	Contact Phone Number:
Employer:	Occupation:	Employer Telephone Number:
Military? ☐ Yes ☐ No If yes, Branch?:	Status: (i.e., Deployed, Active-not deployed, Retired, discharged, etc.)	Site/Location:
Same residence/mailing address as student? ☐ Yes ☐ No (If no, would you like an extra mailing for notification purposes? ☐ Yes ☐ No Address:		
Does student live with this parent/guardian ☐ Full-time ☐ Part-time ☐ Not during school year	Email:	

Parent/Guardian Data 3

☐ Mother ☐ Father ☐ Stepmother ☐ Stepfather ☐ Other – specify:
If step-parent, does he or she have permission to see educational records and discuss the student with staff? ☐ Yes ☐ No

Full Name	Legal custody? ☐ Yes ☐ No ☐ Joint (please provide custody/ guardianship docs.)	Contact Phone Number:
Employer:	Occupation:	Employer Telephone Number:
Military? ☐ Yes ☐ No If yes, Branch?:	Status: (i.e., Deployed, Active-not deployed, Retired, discharged, etc.)	Site/Location:
Same residence/mailing address as student? ☐ Yes ☐ No (If no, would you like an extra mailing for notification purposes? ☐ Yes ☐ No Address:		
Does student live with this parent/guardian ☐ Full-time ☐ Part-time ☐ Not during school year	Email:	

School Use Only	
Date/Time Application Received:	**Received by:**

Silver Sands Montessori Charter School Student Registration Form 2019-2020

Student Name: _____

Part III – Sibling Information (Please let us know if there is a sibling CURRENTLY attending this school)

Sibling at this school: ☐ Yes ☐ No If Yes, sibling name(s) and grade(s):

Part IV – Emergency Contact Information (List at least two neighbors or relatives *who have consented* to, and who can pick up and/or assume temporary care of our child either for your convenience, or in case of accident or illness when you cannot be reached.)

Emergency Contact Person:	Relationship:	Contact Phone Number:
Emergency Contact Person:	Relationship:	Contact Phone Number:

Part V – Student/Parent Survey

How did you hear about us? (please list name)

☐ Website _____ ☐ Referral _____ ☐ Other _____

Current School Information: ☐CCSD ☐Private ☐ Charter ☐ Home School

Current School District: _____ Current School: _____

Current School Address: _____

Kindergarten Only Survey:

What type of preschool did your child attend ***most often*** in the *past 12 months*? Please select the one that best applies to you:

- ☐ None/Stayed Home
- ☐ Friends/Family/Neighbor Care
- ☐ Provided by the School District
- ☐ Head Start
- ☐ Provided by Private Child Care Facility or other Daycare Center
- ☐ Provided by a Home-Based/Family Care Center (child care provided in someone else's home)
- ☐ Provided by or at the University or College Campus

I hereby certify that I have the legal authority to enroll my child and that all information made on or in connection with this enrollment form is true and complete to the best of my knowledge and belief and that I have not knowingly withheld any fact or circumstance. I understand that if any of the information is false, my application will be void. I understand that forms do not automatically rollover from school year to school year, I will have to participate in Open Enrollment for the following school year if not enrolled for the 2019-2020 school year.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Printed Name: _____

Student Name: _____