

# Student Enrollment Application 2018-2019



## BASIC INFORMATION

(Submit one form per student)

Today's Date \_\_\_\_\_

Student's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Grade Entering \_\_\_\_\_ Gender (circle) M F

School District residing in: \_\_\_\_\_

Neighborhood School \_\_\_\_\_

Sibling's Name \_\_\_\_\_ Grade \_\_\_\_\_

Is Sibling also applying? YES NO (Please submit a separate form for each student)

Parent/Guardian #1 \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Parent/Guardian #2 \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

*If you have additional parents you would like to list, please do so on the back of this form.*

## SUPPLEMENTAL INFORMATION

(This section is optional and will not impact the results of the lottery)

Has your child had experience in a Montessori classroom before? \_\_\_\_\_

If so, at what age(s)? \_\_\_\_\_

How did you hear about Desert Sky Montessori Charter School?  
\_\_\_\_\_

Are you interested in volunteering to support our program? YES NO

Please note: If your child is offered enrollment in DSM and has an IEP or IFSP, we will have our SPED Team meet with your child's current School District's SPED Team to make appropriate educational accommodations.

\*Enrollment is on a space-available basis. All applicants are placed on a wait list until space becomes available and order is strictly determined by lottery. Siblings will be placed at the top of the wait lists and informed as space becomes available.

### PLEASE RETURN COMPLETED FORM TO:

Desert Sky Montessori

150 NE Bend River Mall Drive, suite 260

Bend, Oregon, 97703.

Desert Sky Montessori does not discriminate against individuals of a particular race, color, national or ethnic origin, age, religion, sex, sexual orientation, gender identification and expression, against individuals with disabilities, or any other characteristics protected under applicable federal or state law.