

PRELIMINARY APPLICATION FORM

NOTE: Additional documents and forms will be required on or before the first day of attendance.

Acorn Montessori Charter Schools

7555 E. Long Look Dr.. & 8556 E Loos Dr., Prescott Valley, Arizona 86314

School Year **2007 - 2008**

(928) 772-5778 Fax (928) 775-8654 Email: acms@cableone.net

STUDENT INFORMATION

Enrolling for the first time

Re-enrolling

Student Legal Name: First: _____ Middle: _____ Last: _____

Date of Birth: _____ Entering Grade Level: _____ Gender: Male Female

Ethnic Identity: White Black American Indian or Alaskan Native Asian (Including India, Pakistan, etc.) or Pacific Islander Hispanic/Latino (Cuba, Mexico, Puerto Rico, South or Central America)

Current Age: _____ Place of Birth: _____ Student's Cell Phone: _____

Last School of Attendance:

School Name: _____ City: _____ State: _____

Has your child had any suspensions or behavior issues: Yes No (if yes, please state below)

Special Education Category & Service Type (if applicable):

English Language Learner (if applicable): Yes No Language spoken: _____

PARENT/GUARDIAN INFORMATION:

First: _____ M.I. _____ Last: _____

Street: _____ City: _____ State: _____ Zip Code: _____

Phone Number: _____ Cell Number(s): _____

Parent/Guardian(s) Signature: _____

How did you hear about us? Internet Radio Newspaper Yellow Pages Driving by Friend (If so whom)

PARENT/GUARDIAN INFORMATION

Mother's Name _____ Father's Name: _____

Mother's Address: _____ Father's Address: _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____

Home Phone _____ Cell _____ Home Phone _____ Cell _____

Employer _____ Employer _____

Occupation _____ Occupation _____

Work Phone _____ Work Phone _____

E-Mail _____ Yes, I would like correspondence through email with Teachers, Office, Administration.

Student Lives with and has legal custody: Parents Mother Father Other (specify and name)

The school will not honor request of restrictions unless copies of custodial papers or copies of court orders supporting the requests of the parent are on file.

CONFIDENTIAL INFORMATION

Are there any family circumstances we should be aware of? If so, explain _____

Are there any issues or concerns, such as medical/psychological treatment that the school should be aware of?
 Yes No If yes, please describe _____

PLEASE CHECK TO INDICATE WHETHER THE STUDENT HAS EVER HAD ANY OF THE FOLLOWING:

Parent Initials: _____

I.E.P. 504 Accommodation Psychological Evaluation Gifted Classes Bilingual/ESL Classes

STATEMENT OF DISCLOSURE

- I/We understand that this application does not guarantee enrollment, but is only the first step of the enrollment process.
- I/We understand that student grade level placement is based upon his/her previous grades/credits, recommendations, and test scores.
- I /We have truthfully answered all questions on this enrollment form and understand that any false information on the application will be grounds for expulsion from the school.

EMERGENCY INFORMATION PLEASE LIST ANY PERSON WHO MAY PICK UP YOUR CHILD IN YOUR ABSENCE. (ATTACH ADDITIONAL PAGE IF NECESSARY.)

<i>Name</i>	<i>Relationship to Student</i>	<i>Home Phone</i>	<i>Alternate Phone</i>	<i>Address</i>

Signature of Parent/Guardian _____

Date _____

Office Use Only:

Interviewed: _____ Interviewed by: _____ Date: _____

Start Date: _____ Approval Signature: _____

Date Approved: _____ Initials: _____