

# Silver Sands Montessori Charter School

## 2017-2018 Student Registration 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 9/30/17	T-Shirt Size (upon acceptance and completion of enrollment a t-shirt will be provided to the student at orientation)			
<input type="checkbox"/> Youth Small <input type="checkbox"/> Youth Medium <input type="checkbox"/> Youth Large <input type="checkbox"/> Adult Small <input type="checkbox"/> Adult Medium <input type="checkbox"/> Adult Large <input type="checkbox"/> 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)**

<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather <input type="checkbox"/> Other – specify:			If step-parent, does he or she have permission to see educational records and discuss the student with staff? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Full Name	Legal custody? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Joint (please provide custody/ guardianship docs.)		Contact Phone Number:	
Employer:	Occupation:		Employer Telephone Number:	
Same residence/mailling address as student? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, would you like an extra mailing for notification purposes? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Address:				
Does student live with this parent/guardian <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Not during school year			Email:	

**Parent/Guardian Data 2**

<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather <input type="checkbox"/> Other – specify:			If step-parent, does he or she have permission to see educational records and discuss the student with staff? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Full Name	Legal custody? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Joint (please provide custody/ guardianship docs.)		Contact Phone Number:	
Employer:	Occupation:		Employer Telephone Number:	
Same residence/mailling address as student? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, would you like an extra mailing for notification purposes? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Address:				
Does student live with this parent/guardian <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Not during school year			Email:	

**Parent/Guardian Data 3**

<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather <input type="checkbox"/> Other – specify:			If step-parent, does he or she have permission to see educational records and discuss the student with staff? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Full Name	Legal custody? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Joint (please provide custody/ guardianship docs.)		Contact Phone Number:	
Employer:	Occupation:		Employer Telephone Number:	
Same residence/mailling address as student? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, would you like an extra mailing for notification purposes? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Address:				
Does student live with this parent/guardian <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Not during school year			Email:	

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

Sibling at this school: <input type="checkbox"/> Yes <input type="checkbox"/> No                    If Yes, sibling name(s) and grade(s):
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**Parent/Guardian Signature**

<b>School Use Only</b>	
<b>Date/Time Application Received:</b>	<b>Received by:</b>

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

**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: \_\_\_\_\_

**Educational/Health Background**

Do any of the following apply to your student? **If you answer "YES" to any of the questions below, please provide SSMCS with copies of any paperwork and write a detailed description of any programs or services in which your child participated on the Supplemental Form.**

- 1)  Yes  No    Has your child ever been expelled or received a long-term suspension from any school or district?
- 2)  Yes  No    Is your child currently subject to expulsion or long-term suspension from a school or district?
- 3)  Yes  No    Has your child ever been retained? If so, what grade? \_\_\_\_\_
- 4)  Yes  No    Has our child ever skipped a grade? If so, what grade? \_\_\_\_\_
- 5)  Yes  No    Current IEP? If yes, please provide copy of IEP.
- 6)  Yes  No    Previous IEP? If yes, please provide copy of IEP.
- 7)  Yes  No    Educational or Behavioral Concerns?
- 8)  Yes  No    Special Education assistance in the regular classroom setting?
- 9)  Yes  No    Special Education assistance in a pull out program?
- 10)  Yes  No    Special Education in a self-contained program?
- 11)  Yes  No    Current Accommodation Plan (Section 504)?
- 12)  Yes  No    Speech/Language therapy?
- 13)  Yes  No    Occupational/Physical Therapy?
- 14)  Yes  No    Under the care of a licensed-care provider? (i.e. physician, counselor, etc?)
- 15)  Yes  No    Receive(d) school or family counseling?
- 16)  Yes  No    English as a Second Language Program?
- 17)  Yes  No    Tested for Special Programs but did not qualify?

**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 enrollment for the 2017-2018 school year.

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

Parent/Guardian Printed Name: \_\_\_\_\_

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

*Supplemental Informational Form*

Is your child self-motivated (able to work without heavy reliance on others)?  Yes  No

Has your child ever attended a Montessori school before?  Yes  No

What do you like best about the Montessori environment? \_\_\_\_\_

Why did you leave your last school? \_\_\_\_\_

Does your child work/learn better individually, in a small group or in a large group? \_\_\_\_\_

What is your experience/knowledge of the Montessori Methodology? \_\_\_\_\_

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If you answered "YES" to any question under *Educational/Health Background*, please write the number of the question you answered yes to and write a detailed description of the programs that your child participated in. Please also use this form for any additional information you feel is important to know about your child, it will allow us to assess and plan for the best possible learning experience.

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Parent Initial \_\_\_\_\_