

# Silver Sands Montessori Charter School

## 2022-2023 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 8/07/22	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?		Contact Phone Number:
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Joint (please provide custody/guardianship docs.)		
Employer:		Occupation:		Employer Telephone Number:
Military? <input type="checkbox"/> Yes <input type="checkbox"/> No		Status: (i.e., Deployed, Active-not deployed, Retired, discharged, etc.)		Site/Location:
If yes, Branch?:				
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			Email:	
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Not during school year				

**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?		Contact Phone Number:
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Joint (please provide custody/guardianship docs.)		
Employer:		Occupation:		Employer Telephone Number:
Military? <input type="checkbox"/> Yes <input type="checkbox"/> No		Status: (i.e., Deployed, Active-not deployed, Retired, discharged, etc.)		Site/Location:
If yes, Branch?:				
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			Email:	
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Not during school year				

**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?		Contact Phone Number:
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Joint (please provide custody/guardianship docs.)		
Employer:		Occupation:		Employer Telephone Number:
Military? <input type="checkbox"/> Yes <input type="checkbox"/> No		Status: (i.e., Deployed, Active-not deployed, Retired, discharged, etc.)		Site/Location:
If yes, Branch?:				
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			Email:	
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Not during school year				

**School Use Only**

**Date/Time Application Received:**

**Received by:**

# Silver Sands Montessori Charter School Student Registration Form 2022-2023

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 2022-2023 school year.

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

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

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