

Silver Sands Montessori Charter School

2024-2025 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:
Birthplace (City, State)	County of Residence:		Residence Phone #:
Date of Birth:	Age on 8/01/24:	SSN(last 4 digits only): 000-00-	
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:
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 <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:
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 <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:
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 <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Not during school year		Email:	

School Use Only

Date/Time Application Received:	Received by:
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Silver Sands Montessori Charter School Student Registration Form 2024-2025

Student Name: _____

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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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

<p>How did you hear about us? (please list name)</p> <p><input type="checkbox"/> Website _____ <input type="checkbox"/> Referral _____ <input type="checkbox"/> Other _____</p> <p>Current School Information: <input type="checkbox"/> CCSD <input type="checkbox"/> Private <input type="checkbox"/> Charter <input type="checkbox"/> Home School</p> <p>Current School District: _____ Current School: _____</p> <p>Current School Address: _____</p> <p>Kindergarten Only Survey:</p> <p>What type of preschool did your child attend <i>most often</i> in the <i>past 12 months</i>? Please select the one that best applies to you:</p> <p><input type="checkbox"/> None/Stayed Home</p> <p><input type="checkbox"/> Friends/Family/Neighbor Care</p> <p><input type="checkbox"/> Provided by the School District</p> <p><input type="checkbox"/> Head Start</p> <p><input type="checkbox"/> Provided by Private Child Care Facility or other Daycare Center</p> <p><input type="checkbox"/> Provided by a Home-Based/Family Care Center (child care provided in someone else’s home)</p> <p><input type="checkbox"/> Provided by or at the University or College Campus</p>

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 2024-2025 school year.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Printed Name: _____

Student Name: _____