

Silver Sands Montessori Charter School

2018-2019 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 9/30/18	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:

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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: _____

Educational/Health Background

Do any of the following apply to your student?

- 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?
- 6) Yes No Previous 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 2018-2019 school year.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Printed Name: _____

