



### STUDENT INFORMATION

Full Name: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_  
City/State Zip

County of Residence: \_\_\_\_\_ Male  Female  Date of Birth: \_\_\_\_\_

Grade for 2012-2013: \_\_\_\_\_ Last School Attended: \_\_\_\_\_

If you are applying for **Kindergarten**: please select preference AM PM or Enrichment (All-Day Program)

Does your child have, or have they ever had an Individualized Education Plan (IEP)?  Yes  No

Please describe any special services or support your child has received in school \_\_\_\_\_  
\_\_\_\_\_

### PARENT INFORMATION

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

Address: same  \_\_\_\_\_ Address: same  \_\_\_\_\_

City, State, Zip  
Phone: h: \_\_\_\_\_

City, State, Zip  
Phone: h: \_\_\_\_\_

c: \_\_\_\_\_

c: \_\_\_\_\_

### Do you have a sibling also applying for enrollment to or enrolled in Geist Montessori Academy? If yes, please list the name(s) and grade level(s) of siblings for the 2012-2013 school year:

\_\_\_\_\_ applying  or currently enrolled

\_\_\_\_\_ applying  or currently enrolled

Parent or Guardian Signature

Date

**A copy of birth certificate and proof of residency must be attached to this application to be complete and placed in the lottery.**

### OFFICE USE ONLY

Received by: \_\_\_\_\_ Date and time received: \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_: \_\_\_\_\_ Birth Cert:  Residency Confirmed:  Immunizations:

Lottery Number: \_\_\_\_\_ Wait List:  Admitted:  Accepted:  Declined:  date: \_\_\_\_\_