

Silver Sands Montessori Charter School

2012-2013 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:	Kindergarten Program (Please Select One) <input type="checkbox"/> Full Day <input type="checkbox"/> Half Day		Gender:
SSN(last 4 digits only): 000-00-	Date of Birth:	Birthplace (City, State)		County of Residence:	Residence Phone #:
Age on 9/30/12	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				
Home Address:			City:	Zip Code:	
Mailing Address/P.O. Box , if different than residence:					

Part II – Parent/Guardian Data (Must be completed by Parent or Legal Guardian)

Relationship:	Parent/Guardian Name:	Contact Phone Number:
Employer:	Occupation:	Employer Telephone Number:
Student Resides with?: <input type="checkbox"/> Yes <input type="checkbox"/> No	Personal Email:	
Relationship:	Parent/Guardian Name:	Contact Phone Number:
Employer:	Occupation:	Employer Telephone Number:
Student Resides with?: <input type="checkbox"/> Yes <input type="checkbox"/> No	Personal Email:	

Part III – Non-Custodial Joint Custody (Please provide copies of custody/guardianship paperwork)

Relationship:	Parent/Guardian Name:	Contact Phone Number:
Employer:	Occupation:	Employer Telephone Number:
Extra Mailing? <input type="checkbox"/> Yes <input type="checkbox"/> No	Personal Email:	

Part IV – Sibling Information (Please let us know if there is a sibling)

Sibling at this school:	Grade:	Sibling at this school:	Grade:	Sibling at this school:	Grade:
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Part V – Emergency Contact Information (A person who may be contacted if the parent/guardian is unavailable and authorized to pick up the student in the case of an emergency.)

Emergency Contact Person:	Relationship:	Contact Phone Number:
Emergency Contact Person:	Relationship:	Contact Phone Number:

Parent/Guardian Signature

Printed Name

Date

School Use Only		
Date/Time Application Received:	Received by:	
Authorized Admissions Signature:	Date of Acceptance:	
<input type="checkbox"/> Copy of Original Birth Certificate <input type="checkbox"/> Copy of Immunizations <input type="checkbox"/> Emergency Card <input type="checkbox"/> Health Card <input type="checkbox"/> PE Permission	<input type="checkbox"/> Publicity Permission <input type="checkbox"/> Student Records Request <input type="checkbox"/> Income Survey <input type="checkbox"/> Ethnic/Race Survey <input type="checkbox"/> Code of Honor	<input type="checkbox"/> Educational Accord <input type="checkbox"/> IEP, if applicable <input type="checkbox"/> Custody/Guardianship court records, if applicable <input type="checkbox"/> Full-Day Kindergarten Financial Agreement, if applicable <input type="checkbox"/> Enrollment/Materials/Technology Fee

