

Coral Reef Montessori Academy Charter School, Inc.

Student Application Form (Please Print)

Student's Name _____
Last First Middle

Date of Birth ___/___/___ Student's Sex M F _____
MM DD YY (circle one) Social Security # (optional)

Home Address _____
Number and Street Apartment #

City State Zip Code

Student's Ethnicity: Hispanic ___yes or ___no (Check all that apply)
___White ___Black ___Native Pacific Islander ___Asian ___American Indian

Parent(s)/Guardian _____
Last First

Relationship to Student _____

Home Phone (____)____-____-____ Work Phone (____)____-____-____
Area Code and Number Area Code and Number

Grade Child will enter August, 2011/12
___(3) Pre-kindergarten ___(4) Pre-Kindergarten ___Kindergarten ___First
___Second ___Third ___Fourth ___Fifth ___Sixth ___Seventh ___Eighth

Prior Montessori Experience - yes/no School _____

Siblings and grades _____

Elementary/Middle School serving your neighborhood _____

List special needs of student: _____

Signature of Parent/Legal Guardian

Date