

Coral Reef Montessori Academy Charter School, Inc.

10853 S.W. 216 Street | Miami, Florida | Phone: 305.255.0064 | Fax: 305.255.4085

<http://coralreefmontessori.dadeschools.net>

Student Application Form (Please Print)

Student's Name _____
Last First Middle

Student's Sex Female Male **Date of Birth** ____ / ____ / ____
MM / DD / YY **Social Security Number** (optional) _____

Home Address: _____
Number and Street Apartment Number

City State Zip Code

Parent(s) / Guardian _____
Last First

Relationship to Student _____

Home Telephone Number () - _____ **Work Telephone Number** () - _____
Area Code and Number Area Code and Number



Applying for School Year:
200_ - 200_

Student's Ethnicity:
Hispanic? Yes No
(Check all that apply)
White
Black
Pacific Islander
Asian
Indian (American)

Prior Montessori Experience
Yes
No

Grade Student will enter:
(3) Pre-Kindergarten
(4) Pre-Kindergarten
Kindergarten
First
Second
Third
Fourth
Fifth
Sixth
Seventh
Eighth

Siblings and grades _____

Elementary / Middle School serving your community _____

List special needs of student _____