



2020-2021 Lottery Application American River Campus (TK-8)

6838 Kermit Lane, Fair Oaks, CA 95628 ph 916-864-0081

For Kindergarten:
Child must turn 5 by Sept. 1, 2020
For Transitional Kindergarten:
Child must turn 5 between Sept. 2 – Dec. 2, 2020

PLEASE NOTE: This application is only valid for the school year listed above. Parent Initial: _____

Please review the *Lottery/New Enrollment Procedures* prior to submitting this Application.

Please return this application directly to the campus.

Currently Enrolled Sibling Name: _____

Student Information

Legal Name: _____ Grade Level for 2020-21: _____
(Last) (First) (Middle)

Age: _____ Birth Date: ____/____/____

Student Physical Address: _____

- Is this Student a child of a current CMP Staff Member? Yes No
- Is this Student a sibling of a current/graduated* CMP-American River student with Montessori Experience? Yes No
* If yes, please attach the Montessori Verification Form from the school director for verification of at least 1 year experience
- Is this Student a sibling of a current/graduated* CMP-American River student with No Montessori Experience? Yes No
* If the sibling has graduated from CMP-American River, please provide the year of graduation: _____
- Is this Student requesting a transfer from another CMP campus? Yes No If yes, which campus: _____
- Does this Student have at least one-year prior Montessori experience? Yes* No
* If yes, please attach the Montessori Verification Form from the school director for verification of at least 1 year experience
- What is the Student's School District of Residence (ex. San Juan Unified)? _____

Parent/Guardian Information

Primary Guardian Name: _____	Secondary Guardian Name: _____
Relationship to Student: _____	Relationship to Student: _____
Primary Phone: _____	Primary Phone: _____
Secondary Phone: _____	Secondary Phone: _____
E-Mail: _____ <small>(to be used for school business only)</small>	E-Mail: _____ <small>(to be used for school business only)</small>

Siblings Also Applying to CMP: (Please ensure to complete a separate application for each student)

- Name: _____
Grade Level for 2020-21 (Please circle): TK K 1 2 3 4 5 6 7 8 Not Current
- Name: _____
Grade Level for 2020-21 (Please circle): TK K 1 2 3 4 5 6 7 8 CMP
- Name: _____
Grade Level for 2020-21 (Please circle): TK K 1 2 3 4 5 6 7 8 Student
- Name: _____
Grade Level for 2020-21 (Please circle): TK K 1 2 3 4 5 6 7 8

To the best of my knowledge, the information provided on this form is true and correct. When required by district, county and/or CDE, CMP will provide student information as requested. By submitting this application, I consent to the release of information and agree to hold harmless, CMP or its agents for any claims which may arise as a result of this release of information. **I also understand that this application does NOT guarantee enrollment in CMP or within the sponsoring school district, and that all prospective students are admitted via lottery on a space availability basis.**

Signature of Parent/Guardian

Date

The staff of California Montessori Project believe in honoring the dignity of all human beings. Because of that belief, CMP does not discriminate in our hiring and enrollment practices on the basis of race, gender/orientation, religion, disability, ethnic or national origin. CMP is non-sectarian and does not charge tuition.