



**Child must turn 5 by November 1, 2012 to be eligible for Kindergarten**

### 2012-2013 Lottery Application Shingle Springs Campus (K-8)

Please review the *Lottery/New Enrollment Procedures* prior to submitting this Application. Contact the campus to schedule a tour prior to submitting a Lottery Application. The first Lottery Pull date is scheduled for **March 30<sup>th</sup>**. All applications must be received by **Friday, March 23<sup>rd</sup>** to be included in this first Lottery Pull. Please return this application to:

**Shingle Springs Campus:** 4645 Buckeye Rd, Shingle Springs, CA 95682 ph 530-672-3095 fax 530-672-3097

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

|  |                                       |
|--|---------------------------------------|
| <b>Student Information</b>   |                                       |
| Legal Name: _____<br><small>(Last) (First) (MI)</small>  | Grade Level for <b>2012-13:</b> _____ |
| Age: _____ Birth Date: ____/____/____  |                                       |
| Student Physical Address: _____  |                                       |
| 1. Is this Student a sibling of a current/graduated* CMP-Shingle Springs student? <input type="checkbox"/> Yes <input type="checkbox"/> No<br><i>* If the sibling has graduated from CMP-Shingle Springs, please provide the year of graduation: _____</i> |                                       |
| 2. Is this Student a child of a current CMP Staff Member? <input type="checkbox"/> Yes <input type="checkbox"/> No   |                                       |
| 3. Is this Student requesting a transfer from another CMP campus? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which campus: _____   |                                       |
| 4. Does this Student have at least one-year prior Montessori experience? <input type="checkbox"/> Yes* <input type="checkbox"/> No<br><i>* If yes, please attach a letter from the school director for verification of experience</i>                      |                                       |
| 5. What is the Student's School District of Residence? _____   |                                       |

|   |   |
|---|---|
| <b>Parent/Guardian Information</b>                                    |   |
| Primary Guardian Name: _____  | Secondary Guardian Name: _____  |
| Relationship to Student: _____  | Relationship to Student: _____  |
| Home Phone: _____   | Home Phone: _____   |
| Work Phone: _____   | Work Phone: _____   |
| Cell Phone: _____   | Cell Phone: _____   |
| E-Mail: _____<br><small>(to be used for school business only)</small> | E-Mail: _____<br><small>(to be used for school business only)</small> |

|   |   |
|---|---|
| <b>Siblings Also Applying to CMP: (Please ensure to complete a separate application for each student)</b> |   |
| 1. Name: _____  | Grade Level for <b>2012-13</b> (Please circle): K 1 2 3 4 5 6 7 8 |
| 2. Name: _____  | Grade Level for <b>2012-13</b> (Please circle): K 1 2 3 4 5 6 7 8 |
| 3. Name: _____  | Grade Level for <b>2012-13</b> (Please circle): K 1 2 3 4 5 6 7 8 |
| 4. Name: _____  | Grade Level for <b>2012-13</b> (Please circle): 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**