



### 2011-2012 Lottery Application Capitol 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 Lottery Pull date is scheduled for April 1<sup>st</sup>. All applications must be received by **Thursday, March 31<sup>st</sup>** to be included in the Lottery Pull. Please return this application to:

**Capitol Campus:** 2635 Chestnut Hill Dr, Sacramento, CA 95826 ph 916-325-0910 fax 916-325-0912

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

<b>Student Information</b>	
Legal Name: _____ <small>(Last) (First) (MI)</small>	Grade Level for <b>2011-12:</b> _____
Age: _____	Birth Date: ____/____/____
1. Is this Student a sibling of a current/graduated* CMP-Capitol student? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>* If the sibling has graduated from CMP-Capitol, 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 <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>	
Mother's Name: _____ <small>(or Legal Guardian)*</small>	Father's Name: _____ <small>(or Legal Guardian)*</small>
*Relationship: _____ <small>(if other than parent)</small>	*Relationship: _____ <small>(if other than parent)</small>
Home Phone: _____	Home Phone: _____
Work Phone: _____	Work Phone: _____
Cell Phone: _____	Cell Phone: _____
E-Mail: _____ <small>(to be used for school business only)</small>	E-Mail: _____ <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>2011-12</b> (Please circle): K 1 2 3 4 5 6 7 8
2. Name: _____	Grade Level for <b>2011-12</b> (Please circle): K 1 2 3 4 5 6 7 8
3. Name: _____	Grade Level for <b>2011-12</b> (Please circle): K 1 2 3 4 5 6 7 8
4. Name: _____	Grade Level for <b>2011-12</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 new 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.