



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 30th**. All applications must be received by **Friday, March 23rd** 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:** _____

Student Information

Legal Name: _____ Grade Level for **2012-13:** _____
(Last) (First) (MI)

Age: _____ Birth Date: ____/____/____

Student Physical Address: _____

- Is this Student a sibling of a current/graduated* CMP-Shingle Springs student? Yes No
 * If the sibling has graduated from CMP-Shingle Springs, please provide the year of graduation: _____
- Is this Student a child of a current CMP Staff Member? Yes No
- 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 a letter from the school director for verification of experience
- What is the Student's School District of Residence? _____

Parent/Guardian Information

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: _____ <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 **2012-13** (Please circle): K 1 2 3 4 5 6 7 8
- Name: _____
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- Name: _____
Grade Level for **2012-13** (Please circle): K 1 2 3 4 5 6 7 8
- Name: _____
Grade Level for **2012-13** (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