

**Children's Kiva Montessori School
2019-2020
Enrollment Application**

***Submit a separate Enrollment Application for each student.**

Student's Full/Legal Name: _____ Date of Birth: _____ / _____ / _____
Month Day Year

Gender (circle one): Male Female Age _____

Parent/Guardian's Name _____ Parent/Guardian's Name _____

Address _____ Address (if Different) _____
Street City Zip Street City Zip

Phone Number _____ Phone Number (if different) _____

Home Phone _____ Home Phone (if different) _____

E-mail _____ E-mail (if different) _____

Please list all siblings that will be attending Children's Kiva Montessori School:

Name: _____ Grade: _____

Name: _____ Grade: _____

Name: _____ Grade: _____

Please check the student's expected grade for the 2019-2020 School Year

- Kindergarten 1st grade 2nd grade 3rd grade 4th grade 5th grade 6th grade 7th grade 8th grade

Current School/Childcare: _____

Current Home School District: _____

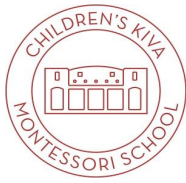
Do you currently qualify for Free and Reduced Priced Meals (FRM)? Yes No

Is the student currently on an IEP, RTI or Behavior Plan? Yes No Comments _____

What is the student's primary language? English Other _____

Statements of Understanding/Agreement:

- It is your responsibility to familiarize yourself with our enrollment process; detailed information is provided on our website at www.kivacharter.org.
- Attending an Enrollment Meeting is mandatory before this application is considered complete. To set up a time to attend an Enrollment Meeting contact school administration at 970.564.9377.
- A tour is mandatory before this application is considered complete. For students entering grades 1-8 contact school administration at 970.564.9377 to set up an appointment. For students entering Kindergarten contact Children's House Director, Alexia Hudson at 970.565.8586 to set up an appointment.
- Any misrepresentations will result in this application being discarded and/or the student's exit from our school.
- I understand that by submitting this form the student is not guaranteed placement in the school.
- I understand that a new application must be submitted each year for consideration into the school.
- Applications can be mailed to Children's Kiva Montessori School/Enrollment Application, PO Box 1417, Cortez, CO 81321 or dropped off at Children's Kiva Montessori School Elementary/Middle School at 25 N. Beech, Cortez, CO 81321 during regular school hours (Monday – Friday, 8 am to 3:30 pm).



Children's Kiva Montessori School 2019-2020 Enrollment Application

- Submit a separate Enrollment Application form for each student. Only one application per student will be accepted. You may mail all applications from the same household in the same envelope.
- Each family is encouraged to donate at least 20 volunteer hours each year. By submitting this application, you agree to engage in this community effort.
- All applications must be complete. No exceptions.

Wait List Placement:

- If we are able to offer the student placement at our school, **you will have 48 hours to accept or decline the offer. If you decline acceptance or do not respond within the 48 hour deadline, the student's placement will be forfeited and the student must reapply for further consideration.**
- An Enrollment Acceptance Letter will be available immediately following acceptance notification. The Enrollment Acceptance Letter must be completed, signed and returned to Children's Kiva Montessori School within **ten (10) business days** of receipt or the student's status will be revoked.
- A non-refundable materials fee will be required prior to the first day of school. Scholarship funds and other financial assistance are available to those who qualify.

I (We) have read and understand all information contained herein. The information I (we) have provided herein is accurate and can be used for Children's Kiva Montessori School purposes.

Parent/Legal Guardian's Signature

Date

Parent/Legal Guardian's Signature

Date

REQUEST FOR OPEN ENROLLMENT

Date: _____ School Year: _____

Student's Name: _____ Grade Level: _____

Parent(s)/Guardian Name: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Home School: _____

School Requested: _____

As the parent/guardian of the above-named student, I understand:

- Enrollment is contingent upon a student's providing his own transportation
- An open enrollment will be valid throughout the grades served by the school
- Approval of this request is for the above-named student. It does not insure approval of siblings.
- This open enrollment approval is contingent upon the above-named student attending within the first five (5) school days of the _____ year.

Parent Signature: _____ Date: _____

I have received the above request and: _____ Approve
_____ deny for the following reason:

Administrator Signature: _____ Date: _____