

MAIN CAMPUS

(Private: 18 mos. - 4 yrs. ~ Charter: 5 - 12 yrs.)  
2834 East Southern Avenue, Mesa, AZ 85204  
(480) 926-8375 Fax: (480) 503-0515  
montessorictr.org



NORTH CAMPUS

(Private: 2 - 4 yrs. ~ Charter: 5 - 12 yrs.)  
815 North Gilbert Road, Mesa, AZ 85203  
(480) 964-1381 Fax: (480) 668-5457  
montessorictr.org

**Application for Admission**

Please check the campus you would like to enroll your child:  
 Main Campus  North Campus  Either/Soonest Available

Child's Name on birth certificate: \_\_\_\_\_ Birth Date: \_\_\_\_\_ M  F

State & Country of Child's Birth: \_\_\_\_\_

Parent 1's Name (First and Last): \_\_\_\_\_

Parent 1's Address: \_\_\_\_\_ Primary #: \_\_\_\_\_  
Street City Zip

Parent 1's Email Address: \_\_\_\_\_

Employer: \_\_\_\_\_ Work #: \_\_\_\_\_

Parent 2's Name (First and Last): \_\_\_\_\_

Parent 2's Address: \_\_\_\_\_ Primary #: \_\_\_\_\_  
Street City Zip

Parent 2's Email Address: \_\_\_\_\_

Employer: \_\_\_\_\_ Work #: \_\_\_\_\_

Parent's Marital Status: Single  Married  Domestic Partnership  Separated  Divorced  Widowed

Custody Information: Yes  No  If yes, you are responsible for providing MEC with the necessary legal documents.

List other siblings and their ages: \_\_\_\_\_

**Other adults authorized to pick up your child (Emergency contacts):**

- 1. Name \_\_\_\_\_ Phone \_\_\_\_\_
- 2. Name \_\_\_\_\_ Phone \_\_\_\_\_
- 3. Name \_\_\_\_\_ Phone \_\_\_\_\_
- 4. Name \_\_\_\_\_ Phone \_\_\_\_\_
- 5. Name \_\_\_\_\_ Phone \_\_\_\_\_

Any special conditions or circumstances involving your child that would be helpful for the staff to know:

Provide the name and address of institutions where previous educational records can be obtained (Elementary):

Indicate any significant illness, health conditions, or allergies your child may have:

Does your child take medication? Yes  No  Name of medication and Dosage \_\_\_\_\_

\*All **NON-EXPIRED** medication to be brought to the office by parent/guardian in the **ORIGINAL** labeled container. Medication Consent Form must be completed before ANY prescription or OTC product is administered to the child\*

Do you give permission for your child to be photographed and/or recorded for use resulting in digital posting on the school's website, yearbook or classroom newsletters?  YES  NO

Does your child have permission to participate in all field trips? This allows for spontaneous field trips such as nature walks, trips to the local park, etc. Yes  No

We give permission for our child to use all of the playground equipment and to participate in all school activities.

**Requested Documents:**

1. **Current Immunization Records or Waiver**
2. **Residency Documentation:** Pursuant to ARS§15-802(B) Arizona Residency Documentation is required upon registration of your child in any Arizona public or charter school. Please fill out the attached Residency Documentation Form and return with a copy of one of the required items listed on the form.
3. **Identity and Age:** (Parents and legal guardians have 30 days from the date of enrollment to provide proof of identity and age)
  - A certified copy of the pupil's birth certificate
  - Pupil's baptismal certificate
  - Application for social security number for pupil or original school registration records **and** an affidavit explaining the inability to provide a copy of the birth certificate; or
  - A letter from the authorized representative of an agency having custody of the pupil pursuant to a juvenile court proceeding, certifying that the pupil has been placed in the custody of the agency as prescribed by law. ARS§15-828 (A) (1)-(3).

**Before and After School Care:**

- Billing will be based on time of arrival/departure, excluding school hours, at \$6 per hour.
- There is a 15-minute grace period to pick up your child when school ends (refer to your contract for school hours). Afternoon extended care fees begin 1 minute after the 15-minute grace period for your assigned grade level pick up, retroactive to when school is dismissed. Extended care is billed and rounded up in 30-minute increments. Once the time is 5:31 p.m., you will be charged a fee of \$1 per minute per child, retroactive to 5:30 p.m. The fees will be charged automatically to your debit/credit card on file. If your card declines for any reason, a fee of \$25 will be billed to your account.
- **MAIN morning extended care hours** are 7:30 a.m. - 8:15 a.m.
- **MAIN afternoon extended care hours** for Toddler and Primary are 2:45 p.m. - 5:30 p.m., Lower and Upper Elementary are 3:00 p.m. – 5:30 p.m.
- **NORTH morning extended care hours** are 7:30 a.m. - 8:15 a.m.
- **NORTH afternoon extended care hours** for Primary are 2:55 p.m. - 5:30 p.m., Lower Elementary 3:15 p.m. - 5:30 p.m., Upper Elementary 3:25 p.m. - 5:30 p.m.
- Parents/Legal guardians are financially responsible for all school and/or classroom fees.
- **We do not prorate tuition for any reason.**

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

Date received \_\_\_\_\_ (Montessori Use Only)

**MONTESSORI EDUCATION CENTRE - CHARTER SCHOOL**

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**Child's Name on birth certificate**

**The U.S. Department of Education requires all states to collect race and ethnicity information on students and staff.**

**Ethnicity (Must select one):**

- No, not Hispanic/Latino
- Yes, Hispanic/Latino

**Race (Must select one or more):**

- American Indian/Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or other Pacific Islander
- White

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**To help us meet your child's individual needs, please answer the following questions:**

**School last attended** \_\_\_\_\_

Name	Address	City	State	Zip
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**Was your child enrolled in a special education program/classes at his/her previous school?**     No     Yes

**If yes, please describe:**

- Speech
- Gifted
- Learning Disability (LD)
- English as a 2<sup>nd</sup> Language (ESL)
- Special reading class
- Other \_\_\_\_\_

**Does your child have an Individual Education Program (IEP) on file at her/his previous school?**     No     Yes

**Military Connected Student (Must select one):**

- Student is a dependent of a member of the Army, Navy, Air Force, Marine Corps or Coast Guard on Active duty
- Student is a dependent of a member of the Arizona National Guard (Army, Air Guard, or State Guard)
- Student is a dependent of a member of a reserve force in the United States military (Army, Navy, Air Force, Marine Corps, or Coast Guard)
- None of the above



## Arizona Department of Education

Office of English Language Acquisition Services

### Home Language Survey

The responses to this Home Language Survey (HLS) are used by the school to provide the most appropriate instructional programs and services for the student. **The answers below will determine if a student will take the Arizona English Language Learner Assessment (AZELLA).** Please respond to each of the three questions as accurately as possible. If you need to correct any of your responses, this must be done **before** the student takes the AZELLA Placement Test.

**1. What language do people speak in the home *most* of the time?**

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**2. What language does the student speak *most* of the time?**

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**3. What language did the student first speak or understand?**

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Student Name \_\_\_\_\_ District Student ID \_\_\_\_\_

Date of Birth \_\_\_\_\_ SSID \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

District or Charter \_\_\_\_\_

School \_\_\_\_\_

Please provide a copy of the Home Language Survey to the EL Coordinator/Main Contact on site. In AzEDS, please enter all three HLS responses.

These HLS questions are in compliance with Arizona Administrative Code (R7-2-306(B)(1),(2)(a-c)). (Revised 01-2020)