



**CORPUS CHRISTI MONTESSORI SCHOOL**

*A dual-language charter school*  
3530 Gollihar Rd., Corpus Christi, TX 78415  
PH: (361) 852-0707 FX: (361) 852-0640

**Application Form for the 2011- 2012 School Year**

NOTE: Corpus Christi Montessori School provides for the exclusion of an applicant who has a documented history of criminal offenses, juvenile court adjudication or discipline problems under the TEC, Chapter 37. Final enrollment is based on a review of behavior records. Therefore admission is provisional.

**STUDENT INFORMATION:**

Full Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Age on September 1<sup>st</sup> \_\_\_\_\_ Grade \_\_\_\_\_ Boy \_\_\_\_\_ -or- Girl \_\_\_\_\_

Currently Attends: \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

**PARENTS / LEGAL GUARDIAN INFORMATION:**

Full Name \_\_\_\_\_ Relationship \_\_\_\_\_ Home Phone \_\_\_\_\_

Home Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

Full Name \_\_\_\_\_ Relationship \_\_\_\_\_ Home Phone \_\_\_\_\_

Home Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

I understand and agree that before acceptance I must complete all enrollment forms and parent contracts. I also understand that this application does not guarantee enrollment.

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

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## Enrollment Form for the 2011- 2012 School Year

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### STUDENT INFORMATION:

Full Name \_\_\_\_\_ Nickname \_\_\_\_\_ Social Security \_\_\_\_\_  
Birth Date \_\_\_\_\_ Age on September 1st \_\_\_\_\_ Sex: M or F Birthplace \_\_\_\_\_  
Ethnicity - Circle one → → Native American -- Asian/Pacific Islander -- African American -- Hispanic -- White -- Other  
If other, please explain \_\_\_\_\_ 1<sup>st</sup> language \_\_\_\_\_ 2<sup>nd</sup> language/s \_\_\_\_\_  
Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ E-mail Address \_\_\_\_\_

### PARENTS / LEGAL GUARDIAN INFORMATION:

Full Name \_\_\_\_\_ Relationship \_\_\_\_\_ Home Phone \_\_\_\_\_  
Home Address \_\_\_\_\_ Work Phone \_\_\_\_\_  
Work Place \_\_\_\_\_ Birthplace \_\_\_\_\_ Ethnicity \_\_\_\_\_ Speaks English: Yes / No  
Full Name \_\_\_\_\_ Relationship \_\_\_\_\_ Home Phone \_\_\_\_\_  
Home Address \_\_\_\_\_ Work Phone \_\_\_\_\_  
Work Place \_\_\_\_\_ Birthplace \_\_\_\_\_ Ethnicity \_\_\_\_\_ Speaks English: Yes / No

### NEW STUDENT INFORMATION

<u>Previous Schools</u>	<u>Address</u>	<u>Grade</u>

If your child would be attending public school, what school would they be attending: \_\_\_\_\_

### Please circle class preference: (1<sup>st</sup> – 3<sup>rd</sup> grades only)

50/50 Spanish Immersion: 1<sup>st</sup> Choice 2<sup>nd</sup> Choice  
Spanish Enrichment: 1<sup>st</sup> Choice 2<sup>nd</sup> Choice

### PARENT/GUARDIAN:

Did your child participate in any of the following special programs?

Gifted & Talented Yes \_\_\_ No \_\_\_ Title I Yes \_\_\_ No \_\_\_ Bilingual/ESL Yes \_\_\_ No \_\_\_  
Special Education Yes \_\_\_ No \_\_\_ Speech Yes \_\_\_ No \_\_\_ Migrant Ed Yes \_\_\_ No \_\_\_

I give permission for my child to receive a vision and hearing screening and to be checked for scoliosis and diabetes as required by Texas law. Screenings will be performed by state certified examiners. Circle → Yes or No

CCMS is committed to being a DRUG-FREE, WEAPON-FREE, VIOLENCE-FREE school. I understand that my child will receive a CCMS handbook explaining the student code of conduct and consequences to students who violate school policy. I understand that my child will be subject to school discipline and possibly to criminal prosecution if he/she is found to have violated CCMS's Student Code of Conduct, which prohibits the use, possession, sale, or distribution of illicit drugs and alcohol as well as possession of weapons, and involvement in any violent act on school premises or at any school activity.

Failure to sign this form does not exempt your child from compliance with the laws, policies, rules, and regulations of the state and school. All the information we ask for is required to complete the student record. Please fill this form out accurately and sign it.

I understand and agree that before acceptance I must complete all enrollment forms and parent contracts. I also understand that this application does not guarantee enrollment.

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

New Student Registration Date \_\_\_\_\_ Time \_\_\_\_\_ Date Entered CCMS \_\_\_\_\_