



Key West Montessori Charter School

1400 United Street, #110 Key West, Florida 33040

Telephone: 305.294.4910 Fax: 305.294.1404

Student Information

Student's Legal Name: _____ Gender: _____

Birth Date: ___/___/___ Age: ___ Primary Language Spoken in Home: _____

Home Address: _____

City: _____ State: ___ Zip Code: _____ Home Telephone: _____

Present Grade: ___ Present School Name & Address: _____

Exceptional Student Record: YES NO - This would include any IEP, Speech or LEP services)

Has your child ever been tested for any of the following:

Speech/Language Screening Hearing Screening Attention Deficit Disorder (ADHD)

Learning Disability Other Health Impairments: List _____

Parent/Guardian Information

Student lives with: Both Parents Father Mother Guardian _____
Relation to Student

Parent/Legal Guardian Name: _____

Home Address (if different from above): _____

Place of Employment _____ Occupation: _____

Work Phone: _____ Cellular Phone: _____ Other: _____

E-mail Address: _____

A copy of your child's Birth Certificate and proof of residency **must accompany this application.**

Age at 09-01-2011 _____

Date of Application: ___/___/___ Submitted By: _____ for Grade _____

Is there a sibling currently Yes No _____
enrolled in our school? If Yes, please list name(s)

Date Received: ___/___/___ Received By: _____ Confirmation # _____

Time Received: _____ Application is not valid without this number