

Coral Reef Montessori Academy Charter School, Inc.

Student Application Form (Please Print)

2019-2020

Student's Name _____
Last First Middle

Date of Birth ___/___/___ Student's Sex M F
MM DD YY (circle one)

Home Address _____
Number and Street Apartment #

City State Zip Code

Parent(s)/Guardian _____
Last First

Relationship to Student _____

Home Phone (____)____-____-____ Work Phone (____)____-____-____
Area Code and Number Area Code and Number

Email _____

Grade Child will enter August, 2019 -

___ Kindergarten ___ First ___ Second ___ Third ___ Fourth ___ Fifth
___ Sixth ___ Seventh ___ Eighth

Siblings and grades _____

Are you active Military? Yes _____ No _____

Office Use: _____

Signature of Parent/Legal Guardian

Date