



**2018-19 School Year**  
**Washington Montessori Public Charter School**  
 2330 Old Bath Hwy 252-946-1977  
 Washington, NC 27889 Fax: 252-946-5938

For Office Use Only			
<input type="checkbox"/> BC	<input type="checkbox"/> POR	<input type="checkbox"/> Sib	<input type="checkbox"/> Sib App
Date Rec'd ___/___/___		Int. _____	

**STUDENT APPLICATION**

**Lottery DEADLINE 12:00 noon January 17, 2018**

Applications received after the Lottery will be placed at the bottom of the waitlist in the order in which they are received.

Name of Person Submitting Application (Must be a Legal Guardian or Parent) \_\_\_\_\_

Relation to Child (for example: Mother, Grandmother, Uncle etc.) \_\_\_\_\_

**\*\*To enroll your child in a NC charter school the child must reside in North Carolina. You must attach a copy of a vehicle registration, driver's license, utility bill, lease agreement or voter registration card as proof of residency. All documentation is needed at the time of application submission. Incomplete applications are not accepted.**

**Student's Information:**

GRADE APPLIED FOR \_\_\_\_\_ AGE OF STUDENT AS OF 08-31-2018 \_\_\_\_\_

DATE OF BIRTH \_\_\_/\_\_\_/\_\_\_ (K=08-31-2013)

LEGAL NAME \_\_\_\_\_ Preferred Name \_\_\_\_\_  
LAST FIRST MIDDLE

MAILING ADDRESS: \_\_\_\_\_  
STREET/APARTMENT/PO BOX NUMBER CITY STATE ZIP

COUNTY \_\_\_\_\_

HOME PHONE # \_\_\_\_\_

**IS THERE A SIBLING THAT CURRENTLY ATTENDS OUR SCHOOL?** (Siblings are defined as a brother or sister of a student enrolled in Washington Montessori Public Charter School for the prior school year.)  Yes  No

IF YES, PLEASE LIST NAMES: \_\_\_\_\_

**Parents'/Legal Guardians' Information:**

STUDENT LIVES WITH:

BOTH PARENTS  MOTHER ONLY  FATHER ONLY  OTHER - RELATION TO STUDENT

\_\_\_\_ Dr. \_\_\_\_ Mr. \_\_\_\_ Mrs. \_\_\_\_ Ms.

NAME \_\_\_\_\_  
LAST FIRST MI

ADDRESS \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

PHONE #'s: HOME # \_\_\_\_\_ CELL # \_\_\_\_\_  
 WORK # \_\_\_\_\_

\_\_\_\_ Dr. \_\_\_\_ Mr. \_\_\_\_ Mrs. \_\_\_\_ Ms.

NAME \_\_\_\_\_  
LAST FIRST MI

ADDRESS \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

PHONE #'s: HOME # \_\_\_\_\_ CELL # \_\_\_\_\_  
 WORK # \_\_\_\_\_

In order to best understand our teaching method we strongly encourage you to schedule an orientation/tour. Call the school at 252-946-1977 to schedule this prior to lottery. **Once a slot has been offered, you will not have adequate time to attend a tour.**

*\*\*Washington Montessori, Inc. A Public Charter School does not discriminate against applicants on the basis of race, color, religion, national origin, sex, disabilities or age (provided the applicant is between ages 5 and 21 during the school year applied for). \*\**