

STLC MONTESSORI PREP ACADEMY STUDENT APPLICATION

San Tan Learning Center does not discriminate regarding color, race, religion, national and ethnic origin, special needs, or language proficiency of students regarding policies, admission and school-administered programs.

STUDENT BIOGRAPHICAL INFORMATION

Student's Name: _____, _____ Home Phone: _____
Last Name First Name

Mother's Name: _____, _____ Cell Phone: _____
Last Name First Name

Father's Name: _____, _____ Cell Phone: _____
Last Name First Name

Home Address: _____ Date of Birth ____/____/____

City: _____ State: _____ Zip: _____

Gender (Please Circle): Male Female

Ethnicity: (Please Circle) Asian Black Hispanic Indian Caucasian Other: _____

This information will be used to determine whether your child will be assessed for English Language Proficiency.

Primary Language spoken at home regardless of language spoken by student: _____

Language most often spoken by student: _____

Language student first acquired: _____

Are you living in temporary housing? (circle) Yes No. If so, is this due to hardship? (circle) Yes No.

Does your child currently have a 504 or IEP plan? (circle) Yes No

Hospital/Insurance/Medical Information

Doctor's Name _____ Phone Number _____

Medical Insurance _____

Hospital Preference _____

Current Medication being taken _____

I, the parent of _____, agree to:

- Provide a lunch daily for my child. (If applicable)
- Provide transportation to and from school every day.
- Provide prompt and timely drop-off and pick-up of my child daily.
- Provide student pick-up within 30 minutes of illness or severe behavior notification.
- Give my permission to have photographs of my child published in newspaper articles, or any other like materials.

<u>For Office Use Only</u>
Grade Entering _____
Year Entering _____
Date Rcvd: _____
Teacher: _____

Parent's Signature

Date

(Over)

EXTENDED CARE:

I will need extended care services for the School Year. Please check one:

- Before School Care \$125.00 per month/per child
- After School Care \$175.00 per month/per child
- Before and After School Care \$250.00 per month/per child

I will need extended care services on an as-needed basis and understand that I will be charged as follows:

Before Care Daily Rate \$15.00 per day/per child*

After Care Daily Rate \$20.00 per day/per child*

*Rates apply to the first 5 uses. After which, the full monthly rate will be charged.

Parent's Signature: _____ Date: _____