



NEW STUDENT APPLICATION 2019-2020

7006 Rossmore Lane, El Dorado Hills, CA 95762

(916) 936-2333 or (530) 350-9500

2019-2020

NEW

Grade Entering in Fall 2019 _____

Student's Legal Name _____
Last First Middle

Birthdate _____ Age _____ Male Female Home phone _____

Home Address _____

Residence School District: _____ Current school _____

This application is for a child with... mark all that apply... (criteria for enrollment status in lottery)

- sibling(s) currently enrolled at RSMS – List name(s): _____
- a child of a RSMS employee – List name: _____
- a child of a RSMS Founding Member – List name: _____
- one full year of prior Montessori classroom experience – Name of school: _____
** Please attach proof of enrollment in prior Montessori school **
- resident of Buckeye Union School District
** Please attach proof of residency – copy of utility bill **

1. Parent/Guardian name _____

E-mail address _____

Best Phone # _____ Other #'s _____

Pls indicate type of # - C=cell/H=Home/W=work

2. Parent/Guardian name _____

E-mail address _____

Best Phone # _____ Other #'s _____

Pls indicate type of # - C=cell/H=Home/W=work

RSMS does not discriminate on the basis of race, ethnicity, national origin, religion, gender, sexual orientation, home language, or disability (Education Code Section 47605(b) (5) (G).) RSMS does adhere to all provisions of federal law related to students with disabilities. If your child has an IEP or Section 504 Plan, it is the policy of RSMS to require a current IEP or 504 Plan to be submitted and on file in the school office upon enrollment. *Enrollment period is April 1st-May 12th.*

I declare that the information provided on this application is truthful to the best of my knowledge.

Name: _____ Date: _____
Parent/Guardian Please Print

Signature _____

Date Rec'd _____ Time _____ Rec'd by _____ Ack Email Sent _____

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