



# ACORN MONTESSORI SCHOOLS

2018-2019

**Grades Primary-1: West Campus:** 7555 E Long Look Drive Prescott Valley AZ, 86314; Phone: 928.775.0238 Fax: 928.775.2638

**Grades 2-8: Main Campus:** 8556 E. Loos Drive Prescott Valley AZ, 86314; Phone: 928.772.5778 Fax: 928.775.8654

*Acorn is a complimentary blend of traditional national standards with Montessori tactile hands-on learning materials.*

**Print** all information. Primary Class \_\_\_\_\_ Pre-K \_\_\_\_\_ **Charter** start date \_\_\_\_\_ Grade \_\_\_\_\_

Child's Full Legal Name \_\_\_\_\_

Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Male \_\_\_ Female \_\_\_ Birthplace \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ **Parent email:** \_\_\_\_\_

Race (Required) White \_\_\_ Black \_\_\_ American Indian/Alaskan Native \_\_\_ Native Hawaiian/Pacific Islander \_\_\_  
Two or more races \_\_\_ Hispanic \_\_\_ Yes \_\_\_ No

What is the primary language used in the home regardless of the language spoken by the student? \_\_\_\_\_

What is the language most often spoken by the student? \_\_\_\_\_

What is the language that the student first acquired? \_\_\_\_\_

**Mother/Guardian Name** \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

**Father/Guardian Name** \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

Child lives with (mark all that apply) \_\_\_ Mother \_\_\_ Father \_\_\_ Foster Parents \_\_\_ Grandparents \_\_\_ Other

Do parents (if apart) have legal joint custody? \_\_\_ Yes \_\_\_ No Custody Documents \_\_\_ Yes \_\_\_ No \_\_\_ Provided

Visitation arrangements (if applicable) \_\_\_\_\_

Sibling's names and ages \_\_\_\_\_

Family circumstances that school should be aware of \_\_\_\_\_

Does your child now or in the past have an IEP? \_\_\_ Yes \_\_\_ No Does your child have a 504 Plan? \_\_\_ Yes \_\_\_ No

If so please describe services \_\_\_\_\_

Please indicate last school your child attended. Please list address and phone number.

Name of school \_\_\_\_\_ Phone \_\_\_\_\_

Dates attended \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Areas of concern regarding your child's education? \_\_\_\_\_

Has your child ever been expelled \_\_\_ Yes \_\_\_ No

If so, please give dates/circumstances \_\_\_\_\_

Why did you choose Acorn Schools? \_\_\_\_\_

Please indicate date you wish your child to start \_\_\_\_\_

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**Acorn Montessori Charter School Discrimination Policy**

Acorn Montessori Charter School is an equal opportunity provider and employer.

In the operation of the Child Nutrition Programs, no individual in the United States shall solely by reason of his or her race, color, national origin, sex, age, or disability, be excluded from the participation in, denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance.

The immediate remedy for any act of discrimination shall be to end it, treat the individual equally, and, as much as practically possible, to eradicate any effects of discrimination. Discipline should be imposed where appropriate.

Date of application: \_\_\_\_\_ Start date: \_\_\_\_\_ Admin: \_\_\_\_\_ Residency form: \_\_\_\_\_  
Birth Cert: \_\_\_\_\_ Imm. \_\_\_\_\_ Rec. Req: \_\_\_\_\_ Language Svy: \_\_\_\_\_ ELL: \_\_\_\_\_