

Redwood Coast Montessori

2025 - 2026 Enrollment Form

Student's **LEGAL** Name: _____ Date of Birth: _____
(from birth certificate) Last Name First Name Middle Name Mo/Day/Year

Grade: _____ Gender: _____ Female _____ Male _____ Non binary

Parent/Legal Guardian #1:

First Last Relationship () Home Phone () Cell Phone

Address City State Zip e-mail address

Employer () Work Phone

Parent/Legal Guardian #2:

First Last Relationship () Home Phone () Cell Phone

Address City State Zip e-mail address

Employer () Work Phone

Is your student Hispanic or Latino? _____ No, not Hispanic or Latino _____ Yes, Hispanic or Latino

WHAT IS YOUR STUDENT'S RACE (Please check up to five racial categories) The question above is about ethnicity, not race. No matter what you selected above, please continue to answer the following by marking one or more boxes to indicate what you consider your child's race to be.

<input type="checkbox"/>	Native American (100)	<input type="checkbox"/>	Other Asian (299)
<input type="checkbox"/>	Chinese (201)	<input type="checkbox"/>	Hawaiian (301)
<input type="checkbox"/>	Japanese (202)	<input type="checkbox"/>	Guamanian (302)
<input type="checkbox"/>	Korean (203)	<input type="checkbox"/>	Samoan (303)
<input type="checkbox"/>	Vietnamese (204)	<input type="checkbox"/>	Tahitian (304)
<input type="checkbox"/>	Asian Indian (205)	<input type="checkbox"/>	Other Pacific Islander (399)
<input type="checkbox"/>	Laotian (206)	<input type="checkbox"/>	African American or Black (600)
<input type="checkbox"/>	Cambodian (207)	<input type="checkbox"/>	White (700) Persons having origins in any of the original peoples of Europe, North Africa or the Middle East
<input type="checkbox"/>	Hmong (208)		

Check box for each parent/ with highest level of formal education

Parent 1

<input type="checkbox"/>	High School Graduate (13)	<input type="checkbox"/>	Not High School Graduate (14)
<input type="checkbox"/>	Some College (12)	<input type="checkbox"/>	Associate's Degree (12)
<input type="checkbox"/>	College Graduate (11)	<input type="checkbox"/>	Graduate Degree or Higher (10)

Parent 2

<input type="checkbox"/>	High School Graduate (13)	<input type="checkbox"/>	Not High School Graduate (14)
<input type="checkbox"/>	Some College (12)	<input type="checkbox"/>	Associate's Degree (12)
<input type="checkbox"/>	College Graduate (11)	<input type="checkbox"/>	Graduate Degree or Higher (10)

Name of last school your

Student attended: _____ Last day attended: _____

Address: _____ City: _____ State: _____ Zip: _____

School phone: () _____

Home Language Survey

What language did your son/daughter learn when he/she began to talk? _____

What language does your son/daughter most frequently use at home? _____

What language do you most frequently speak to your son/daughter? _____

What language is spoken most often by the adults at home? _____

Home Language

	English (00)		Lao (10)
	Spanish (01)		Hmong (23)
	Vietnamese (02)		Portuguese (06)
	Mandarin (07)		Cantonese (03)
	Korean (04)		Arabic (11)
	Other (99)		

Residence – Where is your child currently living

	Single family permanent residence (200)
	Shared housing w/ others due to hardship (120)
	Shelter / Transitional housing (100)
	Motel/Hotel (110)
	Unsheltered (car/campsite) (130)
	Other (300)

Special Education (Please select all that apply)

	No Special Ed/504 Plan		504 Accommodation Plan		Speech/Language
	Resource (RSP)		Counseling		English Language Development
	Gifted (GATE)		Remedial Math or Reading		Special Day Class (SDC)

Medical – Any Special Health Problems: _____

Medication – Given at home: _____ Given at School: _____

Emergency contacts (May pick student up from school)

Name	Relationship	Phone

MEDIA PERMISSION

I give permission for my student to be observed, interviewed, photographed and/or filmed when a representative of the school or media has been permitted by the principal or designee to be on campus or during a school sponsored field trip.

_____ YES

_____ NO

Signature of Parent/Guardian _____ Date _____