



## APPLICATION FOR ENROLLMENT CONSIDERATION 2014-2015 School Year

St. Augustine Public Montessori School (SAPMS) will admit children in first through sixth grade who are eligible to attend school in the St. Johns County School District subject to space limitations, and based on grade levels served. There are three steps involved in the student enrollment procedure:

- 1) Completion of the one-page Application for Enrollment Consideration,
- 2) Selection based on availability or lottery, and
- 3) Completion of the Student Enrollment Package.

### 1) Complete and submit Enrollment Consideration Form

- SAPMS has a one page application for enrollment consideration. Please print clearly. Any incomplete applications will be returned.
- One application must be completed and submitted for each student seeking enrollment.
- Confirmation of receipt of applications will be sent by email if provided. Please ensure the email address you provide is current and legible.
- Applications must be postmarked or received via email no later than February 28, 2014. Applications received after the deadline will be considered on a space available basis.
- For best chances of selection, please apply by **February 28, 2014**, to be eligible for the Lottery.
- Applications are accepted **by US Mail or email only. Applications will not be accepted in person.**
- To send via email, please scan the completed form, then email.

### 2) Selection

- In the event that SAPMS receives more applications than available student slots, the Lottery will be held within 2 weeks of the application deadline. The date will be announced to all applicants.
- Students who are selected will be notified no later than two weeks after the lottery is held.

### 3) Student Enrollment

- A Student Enrollment Package will be sent to students who have been selected.
- Selected students who choose to attend SAPMS must complete and submit the Student Enrollment Package within 14 days of notification.
- Students who do not enroll within the designated period will be withdrawn from the accepted enrollment list and must re-apply.
- Reasonable effort will be made to reach each student.
- The Enrollment Package will require proof of St. Johns County residency and immunization records.

For more information email [info@StAugustineMontessori.com](mailto:info@StAugustineMontessori.com)

## 2014-15 Enrollment Consideration Form

To be eligible for the Lottery, applications must be postmarked by February 28, 2014.



Student Information				Family Information	
Student's first name:				Parent/guardian 1 name:	
Student's middle name:				Address (including Zipcode):	
Student's last name:				Home phone number:	
Nickname:				Cell phone number:	Place of work: Work phone number:
Gender	M	F	E-mail:		
Date of birth:	Month	Day	Year	Parent/guardian 2 name:	
Country/City/State of birth:				Address:	
Current grade (2013-14):		Age as of September 1, 2014:		Home phone number:	
Has your child had prior experience in a Montessori classroom with a certified Montessori teacher? YES NO		If so, at what age(s)? Phone number of Montessori School		Cell phone number:	Place of work: Work phone number:
Name of Montessori School, if applicable:				E-mail:	
<b>Please attach documentation of prior Montessori experience on School Letterhead.</b>				<b>Sibling Information</b>	
Current School:				If you have other children applying to SAPMS, please complete the following.	
Does the student currently have an Individual Education Plan (IEP)? YES NO				Name Sibling 1:	
Does the child receive any of these services? Please check all that apply. ___Special Education ___Counseling ___Gifted ___ELL ___Title I				Age:	Current Grade:
				Name Sibling 2:	
Child's Primary Language:		Other languages spoken at home:		Age:	Current Grade:

I acknowledge that my volunteer time, services and/or financial donations to St. Augustine Public Montessori School in no way guarantee school enrollment for my child/children.

I certify that the information provided above is true and correct to the best of my knowledge.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

St. Augustine Public Montessori School does not discriminate based on race, color, national origin, creed, sex, ethnicity, sexual orientation, mental or physical disability, age, ancestry, athletic performance, special need, proficiency in the English language or in a foreign language, prior academic achievement, or area of residence within St. Johns County.

**Please return the completed Enrollment Consideration Form to St. Augustine Public Montessori School, 7 Williams Street, St. Augustine, FL 32084 or email to [info@staugustinemontessori.com](mailto:info@staugustinemontessori.com).**