



## APPLICATION FOR ENROLLMENT CONSIDERATION 2016-2017 School Year

As space allows, 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. There are three steps involved in the student enrollment procedure:

- 1) Completion of the one-page Application for Enrollment Consideration,
- 2) Selection based on available space through a lottery-created list, 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. Please ensure the email address you provide is current and legible.
- Applications must be postmarked or received via email no later than March 28, 2016 to be included in the lottery. For best chances of selection, please apply by **March 28, 2016**.
- Applications received after the March 28 deadline will be added to the bottom of the waitlist and considered on a space available basis.
- 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

- The Lottery will be held on April 4, 2016 during the Board Meeting which begins at 6:00 at the school, 7 Williams Street, St. Augustine, FL 32084.
- Students who are selected will be notified no later than three 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- Students who do not enroll within the designated period will be withdrawn from the accepted enrollment list and must re-apply.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.
- The Enrollment Package will include a **parent Contract of Commitment** which includes the requirements for families to attend **Montessori Orientation Classes and contribute volunteer hours.**

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

## 2016-17 Enrollment Consideration Form

To be eligible for the Lottery, applications must be postmarked by **March 28, 2016**. Please print clearly.



Student Information				Family Information	
Student's first name:				Parent/guardian 1 name:	
Student's middle name:				Address:	
Student's last name:				City and State and Zip Code:	
Nickname:				Home phone number:	
Gender: <input type="checkbox"/> M <input type="checkbox"/> F				Cell phone number:	Place of work:
				Work phone number:	
Date of birth:	Month	Day	Year	E-mail:	
Parent/guardian 2 name:				Address:	
Country/City/State of birth:				Home phone number:	
Current grade (2015-16):		Age as of September 1, 2016:		Home phone number:	
Has your child had prior experience in a Montessori classroom with a certified Montessori teacher?		If so, at what age(s)?		Cell phone number:	Place of work:
YES NO		Phone number of Montessori School		Work phone number:	
Name of Montessori School, if applicable:				E-mail:	
<b>Please attach documentation of prior Montessori experience as defined on School Letterhead.</b>				<b>Sibling Applicant 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. <input type="checkbox"/> Special Education <input type="checkbox"/> Counseling <input type="checkbox"/> Gifted				Age:	Current Grade:
<input type="checkbox"/> ELL <input type="checkbox"/> Title I				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 mail 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).