

Milestones Preschool & Charter School Admissions Application 2017-2018

CHARTER ENROLLMENT:

GRADE: Kindergarten (required to be 5 before October 1, 2017)

- First Second Third Fourth
 Fifth Sixth Seventh Eighth

Extended Day Care:

- Before School After School Not Needed

PRESCHOOL ENROLLMENT: *

Twos Threes KPrep (required to be 4 before October 1, 2017)

***Please submit the Preschool Schedule Request Form to complete your application.**

Student Information:

Legal Last _____ Legal First _____ Middle _____ Date of Birth _____

Gender _____ State of Birth _____ County of Birth _____ Country of Birth (if other than U.S.) _____

Home Address (include Apt #) _____ City, State _____ Zip Code _____

Home Phone Number: (_____) _____

Mother/Guardian:

Name _____

_(_____) _____

Additional Contact Number (Work or Mobile) _____

E-mail _____

Father/Guardian:

Name _____

_(_____) _____

Additional Contact Number (Work or Mobile) _____

E-mail _____

Do you have more than one family member applying this year? •Yes, grade level(s) _____ •No

How did you hear about Milestones? _____

Is the student currently on an IEP? •Yes, Expiration Date _____ SPED Category _____ •No

Has your student been evaluated for an IEP? •Yes, When? _____ •No

Is the student currently on a 504 plan? •Yes •No

If student has repeated a grade, please indicate which grade: _____

Has the student ever been expelled or suspended from any school? •Yes •No

Milestones does not accept students who have been expelled from any school. I understand that my child's admittance is conditional based on previous suspension or expulsion from any school.

Home Language Survey: (Required to completed by all students)

1. What is the primary language used in the home regardless of the language spoken by the student? _____

2. What is the language most often spoken by the student? _____

3. What is the language that the student first acquired? _____

Authorized Parent/Guardian Signature

Date

Student Information:

Legal Last

Legal First

Middle

Date of Birth

Authorization for Student Records

Name of last school attended: _____

Address of last school attended: _____

Grade/Years attended previous school: _____

Milestones reserves the right to require complete student records before accepting a student for admission. Signature of this document gives Milestones access to all of the above-named student's permanent school records

Authorized Signature

Date

School Personnel Authorized To Sign Form and Request Records

In accordance with the Family Educational Rights: School Board Policy 5125 and State Law, I hereby authorize the release to the school names below of the grade transcripts, pupil progress reports, standardized test scores, and health records, as well as psychological, social, education, or developmental information regarding the above mentioned student.

Including, but not limited to Birth Certificate/Immunizations, Progress Reports/Standardized Tests, 45 Day and Vision & Hearing Screening, Behavior Reports, MET Summary Reports, Evaluations, Individual Education Plans, 504 Plans and IEP Progress Reports.

Please send complete records for the above mentioned student to:

Milestones Charter School
4707 E. Robert E. Lee Street
Phoenix, AZ 85032
Phone: 602-404-1009
Fax: 602-404-5456
Email: info@milestonescharterschools.com

First Request

Second Request

Third Request