

Wilson Middle School Montessori Program
Application for 2009-2010
Application due January 9, 2009

2100 Yupon St.
Houston, Texas 77006
713-942-1470 (ofc)
713-942-1472 (fax)

Copies of the following must accompany this application for Grades 7 and 8:

- | | |
|---|---|
| <input type="checkbox"/> Proof of HISD Residency (apt. rent receipt, utility bill receipt, or affidavit of residence) | <input type="checkbox"/> Portfolio of student work samples (Include a writing sample and a group project) |
| <input type="checkbox"/> Immunization Records | <input type="checkbox"/> Most recent student assessment (TAKS/Stanford-Aprenda) |
| <input type="checkbox"/> Proof of age by 9/1/09 (copy of birth certificate preferred) | <input type="checkbox"/> Learner Expectation Agreement |
| <input type="checkbox"/> First grading period of current report card | |
| <input type="checkbox"/> Previous year's final report card | |
| <input type="checkbox"/> Teacher recommendation | |

HISD I.D. #: _____

Social Security #: _____

Name of Student: _____

last

first

middle

Grade level for 2009-2010: _____

Date of Birth: _____

Month Day Year

Age as of Sept. 1, 2009: _____

Ethnicity: (this information is requested in accordance with the Public Education Information Management System (PEIMS) and federal regulations):

- | | | |
|---|---|--|
| <input type="checkbox"/> Hispanic | <input type="checkbox"/> White | <input type="checkbox"/> American Indian/Alaskan |
| <input type="checkbox"/> African American | <input type="checkbox"/> Asian/Pacific Islander | |

Gender: M F

Gifted and Talented Y N

Special Education Y N

Present address of parent or legal guardian (Domicile): _____

Street Address

Apt. #

City

State

Zip

email

Home Phone Number

Emergency Name, Number, and relationship to the child

With whom does student live as a permanent resident? Both parents Mother Father

Father's name: _____

Business phone

Cell phone

Mother's name: _____

Business phone

Cell phone

Guardian's name: _____

Business phone

Cell phone

The following criteria will be utilized for student selection in the order listed below.

- | | | |
|-----|----|--|
| Yes | No | 1. This student successfully attended Wilson's Montessori Program. Last grade and teacher: _____ |
| Yes | No | 2. This student successfully attended another public Montessori Program. School name and teacher: _____ |
| Yes | No | 3. This student successfully attended a private Montessori Program. School name and teacher: _____ |
| Yes | No | 4. This student has no previous Montessori experience. |

Parent Signature _____

Date _____

FOR OFFICE USE ONLY—Date Received: _____