



Enrollment Request 2017-18

Student Information

First Name _____ MI _____ Last Name _____ DOB _____

Address _____

City _____ State _____ Zip Code _____

2017-2018 Grade Level K 1 2 3 4 5

School Most Recently or Currently Attending _____

Does the student have siblings that are applying to PSRCS in 2017-18? Yes No
If yes, a separate Enrollment Request is required for each student.

Sibling Name _____ Grade 2017-18 _____

Sibling Name _____ Grade 2017-18 _____

Enrollment Contact *(PSRCS will gather additional family contacts after your child has been accepted)*

Parent/Guardian Name _____

Email _____ Daytime Phone _____

Return applications by mail or email: office@sandstonemontessori.org

PSRCS
214 Eagle Drive
Sandstone, MN 55072

Enrollment process:

- PSRCS will enroll all students who **submit an application** on or before **April 1** unless the number of applications exceeds the capacity of a class, grade level, or school.
- In the event that applications exceed capacity a **lottery** will be conducted on the first business day after the lottery deadline.
- Students will be enrolled on a first-come first-served basis after the lottery until classrooms are full.

FOR OFFICE USE ONLY

Date Received _____ Date Accepted _____