



PETITION AND INTENT TO ENROLL

As a member of the community where Moving Everest School intends to open a public charter school, I am signing this petition to affirm that I have read Moving Everest's mission and agree that there is an urgent need for this school in our community and would like to see Moving Everest open a public charter school in the fall of 2019.

Mission: The mission of Moving Everest Charter School is to create a school that dramatically transforms the lives of K-8 students and prepares them for success in college and in life through: the delivery of a rigorous and personalized academic program, a focus on holistic education and the development of strong character.

Core Principles:

- Student-centered, personalized learning
- Culture of high expectations
- Self-pacing and mastery-based instruction
- Blended instructional model
- Data-driven instruction
- Student-ownership
- Focus on reading
- Character development
- Social and emotional needs
- Partnership with an afterschool provider

PETITION SIGNATURE

Full Name: <u>Patrice Wells</u>			
Address: _____		_____	
Street		Apartment No	
_____	_____	_____	_____
City	State	Zip Code	
Phone: _____	Email: _____		
_____	_____		
Signature	Date <u>9-17-18</u>		

ENROLLMENT This form shows interest in having your child attend Moving Everest School. We are planning to open in the fall of 2019 for Kindergarten and 1st grade. Completing this form does not require your child to attend Moving Everest. The form also does not guarantee admission. Upon approval of the school, we will contact you to begin an application process.

Child's Information:

Your Child's Full Name:

Second Child's information:

Full Student Name:			

Current Age/Grade:	<input type="checkbox"/> 3 yrs old	<input type="checkbox"/> 4 yrs old	<input type="checkbox"/> Pre-K
Currently enrolled in daycare or preschool:	<input type="checkbox"/> Yes	If yes, what daycare or preschool?	
	<input type="checkbox"/> No		



PETICIÓN E INTENCIÓN DE INSCRIBIRSE

Como miembro de la comunidad donde Moving Everest School tiene la intención de abrir una escuela pública autónoma, estoy firmando esta petición para afirmar que he leído la misión Moving Everest y estoy de acuerdo en que hay una necesidad urgente de esta escuela en nuestra comunidad y me gustaría ver Moving Everest abrirá una escuela charter pública en el otoño de 2019.

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Principios Centrales:

- Aprendizaje personalizado centrado en el estudiante
- Cultura de altas expectativas
- Instrucción basada en dominio propio y autoaplicable
- Modelo de instrucción combinado
- Instrucción basada en datos
- Propiedad del estudiante
- Centrarse en la lectura
- Desarrollo de personaje
- Necesidades sociales y emocionales
- Asociación con un proveedor después de la escuela

FIRMA DE LA PETICIÓN

Nombre Completo: Flora Reyes		
Dirección: [Redacted]		
Calle		Número
Ciudad	Estado	código postal
[Redacted]	[Redacted]	[Redacted]
Teléfono: [Redacted]	Correo Electrónico: [Redacted]	
[Redacted]		[Redacted]
Firma		Fecha

INSCRIPCIÓN

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Información del niño/a

Nombre completo del niño/a
[Redacted]

Información del segundo niño

Nombre completo del niño/a			
Cuántos años tiene de niño/a	<input type="checkbox"/> 3 años	<input type="checkbox"/> 4 años	<input type="checkbox"/> 5 años
Actualmente inscrito en la guardería o preescolar:	En caso afirmativo, ¿qué guardería o preescolar?		
<input type="checkbox"/> Yes <input type="checkbox"/> No			



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- Necesidades sociales y emocionales
- Asociación con un proveedor después de la escuela

FIRMA DE LA PETICIÓN

Nombre Completo: <i>Edilene Carralho</i>	
Dirección: [Redacted]	
Calle	Número
Ciudad	Estado
	código postal
Teléfono:	Correo Electrónico:
[Redacted]	[Redacted]
Firma	Fecha

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Información del niño/a

Nombre completo del niño/a
[Redacted]

Información del segundo niño

Nombre completo del niño/a			
Cuántos años tiene de niño/a	<input type="checkbox"/> 3 años	<input type="checkbox"/> 4 años	<input type="checkbox"/> 5 años
Actualmente inscrito en la guardería o preescolar:	En caso afirmativo, ¿qué guardería o preescolar?		
<input type="checkbox"/> Yes <input type="checkbox"/> No			



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- Student-ownership
- Focus on reading
- Character development
- Social and emotional needs
- Partnership with an afterschool provider

PETITION SIGNATURE

Full Name: <u>Gloria DeJesus</u>	
Address: <u>[Redacted]</u>	
<u>[Redacted]</u> Street	<u>[Redacted]</u> Apartment No.
<u>[Redacted]</u> City	<u>[Redacted]</u> State <u>[Redacted]</u> Zip Code
Phone: <u>[Redacted]</u>	Email: <u>[Redacted]</u>
<u>[Redacted]</u> Signature	<u>9-17-18</u> Date

ENROLLMENT

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Child's Information:

Your Child's Full Name:	<u>[Redacted]</u>
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Second Child's information:

Full Student Name:	<u>[Redacted]</u>
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PETITION SIGNATURE

Full Name: <u>Virginia Vera</u>			
Address: <u>[Redacted]</u>			
<u>[Redacted]</u> Street		<u>[Redacted]</u> Apartment No.	
<u>[Redacted]</u> City		<u>[Redacted]</u> State	<u>[Redacted]</u> Zip Code
Phone: <u>[Redacted]</u>	Email: <u>[Redacted]</u>		<u>[Redacted]</u>
<u>[Redacted]</u> Signature		<u>[Redacted]</u> Date	

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Child's Information:

Your Child's Full Name: <u>[Redacted]</u>
<u>[Redacted]</u>

Second Child's information:

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 yrs old	<input type="checkbox"/> 4 yrs old	<input type="checkbox"/> Pre-K
Currently enrolled in daycare or preschool:	<input type="checkbox"/> Yes	If yes, what daycare or preschool?	
	<input type="checkbox"/> No		



**MOVING
EVEREST
CHARTER
SCHOOL**

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- Asociación con un proveedor después de la escuela

FIRMA DE LA PETICIÓN

Nombre Completo: Kimberly Sob		
Dirección: [Redacted]		
Ciudad	Estado	código postal
Teléfono: [Redacted]	Correo Electrónico: [Redacted]	
Firma: [Redacted]	Fecha: 08-2-2019	

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Nombre completo del niño/a [Redacted]

Información del segundo niño

Nombre completo del niño/a [Redacted]			
Cuántos años tiene de niño/a	<input type="checkbox"/> 3 años	<input type="checkbox"/> 4 años	<input type="checkbox"/> 5 años
Actualmente inscrito en la guardería o preescolar:	En caso afirmativo, ¿qué guardería o preescolar?		
<input type="checkbox"/> Yes <input type="checkbox"/> No			



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- Character development
- Social and emotional needs
- Partnership with an afterschool provider

PETITION SIGNATURE

Full Name: Virginia Vera

Address: [Redacted]
Street Apartment No.

[Redacted]
City State Zip Code

Phone: [Redacted] **Email:** [Redacted]

[Redacted]

Signature _____ Date _____

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Your Child's Full Name: [Redacted]

Second Child's information:

Full Student Name: [Redacted]



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PETITION SIGNATURE

Full Name: Rosa Zumba

Address: [Redacted] Street [Redacted] Apartment No [Redacted]
 [Redacted] City [Redacted] State [Redacted] Zip Code [Redacted]

Phone: [Redacted] **Email:** [Redacted]

Signature: [Redacted] **Date:** 8/2/18

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Child's Information:

Your child's full name: [Redacted]

Current address: [Redacted]

Second Child's information:

Full Student Name: [Redacted]

Current Age/Grade: 3 yrs old 4 yrs old Pre-K

Currently enrolled in daycare or preschool: Yes No
 If yes, what daycare or preschool? [Redacted]



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PETITION SIGNATURE

Full Name: <u>Jaiden Alejandro</u>	
Address: <u>[REDACTED]</u>	
<u>[REDACTED]</u>	
<u>[REDACTED]</u>	
<u>[REDACTED]</u>	
Phone: <u>[REDACTED]</u>	Email: <u>[REDACTED]</u>
<u>[REDACTED]</u> Signature	<u>8.2.18</u> Date

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Child's Information:

Your Child's Full Name:
[REDACTED]

Second Child's information:

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 yrs old	<input type="checkbox"/> 4 yrs old	<input type="checkbox"/> Pre-K
Currently enrolled in daycare or preschool:	<input type="checkbox"/> Yes	If yes, what daycare or preschool?	
	<input type="checkbox"/> No		



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PETITION SIGNATURE

Full Name: <u>Erica Johnson</u>	
Address: <u>[Redacted]</u>	
<u>[Redacted]</u> Street	Apartment No <u>29</u>
<u>[Redacted]</u> City	<u>[Redacted]</u> State <u>[Redacted]</u> Zip Code
Phone: <u>[Redacted]</u>	Email: <u>[Redacted]</u>
<u>[Redacted]</u> Signature	<u>[Redacted]</u> Date

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Child's Information:

Your Child's Full Name: <u>[Redacted]</u>

Second Child's information:

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 yrs old	<input type="checkbox"/> 4 yrs old	<input type="checkbox"/> 5 yrs old
Currently enrolled in daycare or preschool:	<input type="checkbox"/> Yes	If yes, what daycare or preschool?	
	<input type="checkbox"/> No		



**MOVING
EVEREST**
SCHOOL

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- Desarrollo de personaje
- Necesidades sociales y emocionales
- Asociación con un proveedor después de la escuela

FIRMA DE LA PETICIÓN

Nombre Completo: <u>M^o Leonor Castillo</u>	
Dirección: _____	
Calle	Número <u>1117</u>
_____	_____
Ciudad	Estado
_____	código postal
_____	_____
Teléfono: _____	Correo Electrónico: _____

Firma

09-10-18
Fecha

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Child's Information:

Your Child's Full Name: _____

Second Child's information:

Full Student Name: _____			
Current Age/Grade:	<input type="checkbox"/> 3 yrs old	<input type="checkbox"/> 4 yrs old	<input type="checkbox"/> Pre-K
Currently enrolled in daycare or preschool:	<input type="checkbox"/> Yes	If yes, what daycare or preschool?	
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PETITION SIGNATURE

Full Name: <u>Aston Strickland</u>	
Address: <u>[Redacted]</u>	
<u>[Redacted]</u>	
City: <u>[Redacted]</u>	State: <u>[Redacted]</u> Zip Code: <u>[Redacted]</u>
Phone: <u>[Redacted]</u>	Email: <u>[Redacted]</u>
Signature: <u>[Redacted]</u>	Date: <u>8-4-18</u>

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Child's Information:

Your Child's Full Name:	<u>[Redacted]</u>
-------------------------	-------------------

Second Child's information:

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 yrs old	<input type="checkbox"/> 4 yrs old	<input type="checkbox"/> 5 yrs old
Currently enrolled in daycare or preschool:	<input type="checkbox"/> Yes	If yes, what daycare or preschool?	
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PETITION SIGNATURE

Full Name: <u>ASHLEY FISCAL</u>	
Address: [REDACTED]	
[REDACTED]	
[REDACTED]	State: [REDACTED]
Phone: [REDACTED]	Email: [REDACTED]
[REDACTED]	[REDACTED]
Signature: <u>[REDACTED]</u>	Date: <u>9.4.18</u>

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Child's Information:

Your Child's Full Name: [REDACTED]

Second Child's information:

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 yrs old	<input type="checkbox"/> 4 yrs old	<input type="checkbox"/> 5 yrs old
Currently enrolled in daycare or preschool:	<input type="checkbox"/> Yes	If yes, what daycare or preschool?	
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PETITION SIGNATURE

Full Name: <u>Zacquits Johnson</u>			
Address: <u>[Redacted]</u>		Apartment No. <u>[Redacted]</u>	
City: <u>[Redacted]</u>		State: <u>IL</u>	Zip Code: <u>[Redacted]</u>
Phone: <u>[Redacted]</u>	Email: <u>[Redacted]</u>		
Signature: <u>[Redacted]</u>			Date: <u>8-4-18</u>

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Child's Information:

Your Child's Full Name:	<u>[Redacted]</u>
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Second Child's information:

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 yrs old	<input type="checkbox"/> 4 yrs old	<input type="checkbox"/> 5 yrs old
Currently enrolled in daycare or preschool:	<input type="checkbox"/> Yes	If yes, what daycare or preschool?	
	<input type="checkbox"/> No		



PETITION AND INTENT TO ENROLL

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Core Principles:

- Student-centered, personalized learning
- Culture of high expectations
- Self-pacing and mastery-based instruction
- Blended instructional model
- Data-driven instruction
- Student-ownership
- Focus on reading
- Character development
- Social and emotional needs
- Partnership with an afterschool provider

PETITION SIGNATURE

Full Name: <u>Cherise Ross</u>		
Address: <u>[REDACTED]</u>		
<small>Street Apartment No.</small>		
<u>[REDACTED]</u>		
<small>City</small>	<small>State</small>	<small>Zip Code</small>
Phone: <u>[REDACTED]</u>		Email: <u>[REDACTED]</u>
<u>[REDACTED]</u>		<u>8.4.18</u>
<small>Signature</small>		<small>Date</small>

ENROLLMENT

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Child's Information:

Your Child's Full Name:
[REDACTED]

Second Child's information:

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 yrs old	<input type="checkbox"/> 4 yrs old	<input type="checkbox"/> 5 yrs old
Currently enrolled in daycare or preschool:	<input type="checkbox"/> Yes	If yes, what daycare or preschool?	
	<input type="checkbox"/> No		



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- Student-ownership
- Focus on reading
- Character development
- Social and emotional needs
- Partnership with an afterschool provider

PETITION SIGNATURE

Full Name: <i>Chelita Garmox</i>		
Address: _____		
Street		Apartment No
City	State	Zip Code
Phone:	Email: _____	

Signature	Date

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Child's Information:

Your Child's Full Name: _____

Second Child's information:

Full Student Name: _____			
Current Age/Grade:	<input type="checkbox"/> 3 yrs old	<input type="checkbox"/> 4 yrs old	<input type="checkbox"/> 5 yrs old
Currently enrolled in daycare or preschool: <input type="checkbox"/> Yes	If yes, what daycare or preschool?		
<input type="checkbox"/> No			



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- Focus on reading
- Character development
- Social and emotional needs
- Partnership with an afterschool provider

PETITION SIGNATURE

Full Name: <u>Chabree M Browntee</u>	
Address: <u>[REDACTED]</u>	
<u>[REDACTED]</u>	
<u>[REDACTED]</u> City	<u>[REDACTED]</u> State
<u>[REDACTED]</u> Zip Code	
Phone: <u>[REDACTED]</u>	Email: <u>[REDACTED]</u>

Signature

Date

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Child's Information:

Your Child's Full Name: <u>[REDACTED]</u>
<u>[REDACTED]</u>

Second Child's information:

Full Student Name: <u>[REDACTED]</u>
<u>[REDACTED]</u>



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- Data-driven instruction
- Student-ownership
- Focus on reading
- Character development
- Social and emotional needs
- Partnership with an afterschool provider

PETITION SIGNATURE

Full Name: <u>Tasha Williams</u>	
Address: [Redacted]	
Street	Apartment No. [Redacted]
City	State Zip Code
Phone: [Redacted]	Email: [Redacted]
Signature	Date

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Child's Information:

Your Child's Full Name: [Redacted]

Second Child's information:

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 yrs old	<input type="checkbox"/> 4 yrs old	<input type="checkbox"/> 5 yrs old
Currently enrolled in daycare or preschool:	<input type="checkbox"/> Yes	If yes, what daycare or preschool?	
	<input type="checkbox"/> No		



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- Character development
- Social and emotional needs
- Partnership with an afterschool provider

PETITION SIGNATURE

Full Name: <u>Tanisha Johnson</u>		
Address: [Redacted]		
[Redacted] Street	[Redacted]	Apartment No
[Redacted] City	State	Zip Code
Phone: [Redacted]	Email:	
[Redacted]	[Redacted]	
Signature <u>Tanisha Johnson</u>	Date <u>9-7-18</u>	

ENROLLMENT

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Child's Information:

Your Child's Full Name:
[Redacted]

Second Child's information:

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 yrs old	<input type="checkbox"/> 4 yrs old	<input type="checkbox"/> 5 yrs old
Currently enrolled in daycare or preschool:	<input type="checkbox"/> Yes	If yes, what daycare or preschool?	
	<input type="checkbox"/> No		



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PETITION SIGNATURE

Full Name: <i>Isathia Perez</i>		
Address: [Redacted]		
Street		Apartment No
[Redacted]		
City	State	Zip Code
Phone: [Redacted]	Email:	

[Redacted Signature] _____
Signature

09-08-2018
Date

ENROLLMENT

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Child's Information:

Your Child's Full Name:	[Redacted]
-------------------------	------------

Second Child's information:

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 yrs old	<input type="checkbox"/> 4 yrs old	<input type="checkbox"/> 5 yrs old
Currently enrolled in daycare or preschool:	<input type="checkbox"/> Yes	If yes, what daycare or preschool?	
	<input type="checkbox"/> No		



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PETITION SIGNATURE

Full Name: Cleopatra Kinnemore		
Address:		
Street		Apartment No
City	State	Zip Code
Phone:	Email:	
Signature		Date

ENROLLMENT

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Child's Information:

Your Child's Full Name:
[Redacted]

Second Child's information:

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 yrs old	<input type="checkbox"/> 4 yrs old	<input type="checkbox"/> 5 yrs old
Currently enrolled in daycare or preschool:	<input type="checkbox"/> Yes	If yes, what daycare or preschool?	
	<input type="checkbox"/> No		



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- Character development
- Social and emotional needs
- Partnership with an afterschool provider

PETITION SIGNATURE

Full Name: <u>Christy Lee</u>			
Address: _____			
Street		Apartment No. 1	
City		State	Zip Code
Phone: [Redacted]	Email: [Redacted]		
Signature: [Redacted]			Date: _____

ENROLLMENT

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Child's Information:

Your Child's Full Name: <u>[Redacted]</u>

Second Child's information:

Full Student Name: _____			
Current Age/Grade:	<input type="checkbox"/> 3 yrs old	<input type="checkbox"/> 4 yrs old	<input type="checkbox"/> 5 yrs old
Currently enrolled in daycare or preschool:	<input type="checkbox"/> Yes	If yes, what daycare or preschool?	
	<input type="checkbox"/> No		



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- Social and emotional needs
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PETITION SIGNATURE

Full Name: <i>Javier Butler Santos</i>	
Address: [Redacted]	
Street	Apartment No
[Redacted]	
City	State
Zip Code	
Phone: [Redacted]	Email: [Redacted]
[Redacted]	
Signature	Date <i>9.8.18</i>

ENROLLMENT This form shows interest in having your child attend Moving Everest School. We are planning to open in the fall of 2019 for Kindergarten and 1st grade. Completing this form does not require your child to attend Moving Everest. The form also does not guarantee admission. Upon approval of the school, we will contact you to begin an application process.

Child's Information:

Your Child's Full Name: [Redacted]

Second Child's information:

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 yrs old	<input type="checkbox"/> 4 yrs old	<input type="checkbox"/> 5 yrs old
Currently enrolled in daycare or preschool:	<input type="checkbox"/> Yes	If yes, what daycare or preschool?	
	<input type="checkbox"/> No		



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- Partnership with an afterschool provider

PETITION SIGNATURE

Full Name: Alexis Ware	
Address: [Redacted]	
[Redacted] Street Apartment No	
[Redacted] City	[Redacted] State Zip Code
Phone: [Redacted]	Email: [Redacted]
[Redacted] Signature	9/8/2019 Date

ENROLLMENT

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Child's Information:

Your Child's Full Name: [Redacted]

Second Child's information:

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 yrs old	<input type="checkbox"/> 4 yrs old	<input type="checkbox"/> 5 yrs old
Currently enrolled in daycare or preschool:	<input type="checkbox"/> Yes	If yes, what daycare or preschool?	
	<input type="checkbox"/> No		



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- Data-driven instruction
- Student-ownership
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- Social and emotional needs
- Partnership with an afterschool provider

PETITION SIGNATURE

Full Name: YaJaira Rodriguez

Address: [Redacted]
Ch [Redacted] Street
[Redacted] State [Redacted] Zip Code

Phone: [Redacted] Email: [Redacted]

[Redacted] Signature 9-10-2018 Date

ENROLLMENT

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Child's Information:

Your Child's Full Name: [Redacted]

Second Child's information:

Full Student Name: _____

Current Age/Grade: 3 yrs old 4 yrs old Pre-K

Currently enrolled in daycare or preschool: Yes No

If yes, what daycare or preschool? _____



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PETITION SIGNATURE

Full Name: <u>Maria Torres</u>	
Address: <u>[Redacted]</u>	
<u>Street</u>	<u>Apartment No.</u>
<u>[Redacted]</u>	<u>[Redacted]</u>
<u>City</u>	<u>State</u> <u>Zip Code</u>
Phone: <u>[Redacted]</u>	Email: <u>[Redacted]</u>
<u>[Redacted]</u>	<u>[Redacted]</u>
<u>Signature</u>	<u>09-10-2018</u> <u>Date</u>

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Child's Information:

Your Child's Full Name: <u>[Redacted]</u>

Second Child's Information:

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 yrs old	<input type="checkbox"/> 4 yrs old	<input type="checkbox"/> 5 yrs old
Currently enrolled in daycare or preschool:	<input type="checkbox"/> Yes	If yes, what daycare or preschool?	
	<input type="checkbox"/> No		



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PETITION SIGNATURE

Full Name: Adriana		
Address:		
Street	Apartment No	
City	State	Zip Code 60681
Phone:	Email:	

Signature

Date

ENROLLMENT

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Child's Information:

Your Child's Full Name:

Second Child's Information:

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 yrs old	<input type="checkbox"/> 4 yrs old	<input type="checkbox"/> 5 yrs old
Currently enrolled in daycare or preschool: <input type="checkbox"/> Yes		If yes, what daycare or preschool?	
<input type="checkbox"/> No			



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PETITION SIGNATURE

Full Name: Sarah Barrera	
Address: [Redacted]	
[Redacted] Street	Apartment No. [Redacted]
[Redacted] City	[Redacted] State [Redacted] Zip Code [Redacted]
Phone: [Redacted]	Email: [Redacted]
[Redacted] Signature	9/10/18 Date

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Child's Information:

Your Child's Full Name:	[Redacted]
-------------------------	------------

Second Child's Information:

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 yrs old	<input type="checkbox"/> 4 yrs old	<input type="checkbox"/> 5 yrs old
Currently enrolled in daycare or preschool:	<input type="checkbox"/> Yes	If yes, what daycare or preschool?	
	<input type="checkbox"/> No		



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PETITION SIGNATURE

Full Name: <u>Nerehyn Munguia</u>	
Address: <u>[Redacted]</u>	
<u>[Redacted]</u> City	<u>[Redacted]</u> State
<u>[Redacted]</u> Zip Code	
Phone: <u>[Redacted]</u>	Email: <u>[Redacted]</u>

[Redacted Signature]
Signature

09-10-18
Date

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Child's Information:

[Redacted]	
<input type="checkbox"/> NO	

Second Child's information:

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 yrs old	<input type="checkbox"/> 4 yrs old	<input type="checkbox"/> Pre-K
Currently enrolled in daycare or preschool:	<input type="checkbox"/> Yes	If yes, what daycare or preschool?	
	<input type="checkbox"/> No		



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PETITION SIGNATURE

Full Name: <u>Sharita Mitchell</u>	
Address: <u>[Redacted]</u>	
<u>[Redacted]</u> Street <u>[Redacted]</u> Apartment No.	
<u>[Redacted]</u> City	<u>[Redacted]</u> State <u>[Redacted]</u> Zip Code
Phone: <u>[Redacted]</u>	Email: <u>[Redacted]</u>
<u>[Redacted]</u>	<u>[Redacted]</u>
Signature	Date

ENROLLMENT

This form shows interest in having your child attend Moving Everest School. We are planning to open in the fall of 2019 for Kindergarten and 1st grade. Completing this form does not require your child to attend Moving Everest. The form also does not guarantee admission. Upon approval of the school, we will contact you to begin an application process.

Child's Information:

Full Student Name: <u>[Redacted]</u>

Second Child's information:

Full Student Name: <u>[Redacted]</u>
