



# 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

|                   |               |                     |                 |
|-------------------|---------------|---------------------|-----------------|
| <b>Full Name:</b> | Mabel Huarte  |                     |                 |
| <b>Address:</b>   | [Redacted]    |                     |                 |
|                   | <i>Street</i> | <i>Apartment No</i> |                 |
|                   | [Redacted]    |                     |                 |
|                   | <i>City</i>   | <i>State</i>        | <i>Zip Code</i> |
| <b>Phone:</b>     | [Redacted]    | <b>Email:</b>       | [Redacted]      |

\_\_\_\_\_  
*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                                              |                                    |                                    |                                    |



**MOVING  
EVEREST  
CHARTER  
SCHOOL**

# 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.

**Mission:** Nos comprometemos a ser una escuela que transforma radicalmente las vidas de los estudiantes de K-8 y los prepara para el éxito en la universidad y en la vida a través de: la entrega de un programa académico riguroso y personalizado, un enfoque en la educación holística y el desarrollo de carácter fuerte

### 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: <u>Carmen Cabrera</u> |                                                          |
| Dirección: <u>[Redacted]</u>           |                                                          |
| <u>[Redacted]</u> Calle                | <u>[Redacted]</u> Número                                 |
| <u>[Redacted]</u> Ciudad               | <u>[Redacted]</u> Estado <u>[Redacted]</u> código postal |
| Teléfono: <u>[Redacted]</u>            | Correo Electrónico: <u>[Redacted]</u>                    |

Firma

Fecha

## INSCRIPCIÓN

Este formulario muestra interés en que su hijo asista a Moving Everest School. Estamos planeando abrir en el otoño de 2019 para Kindergarten y primero grado. Completar este formulario no requiere que su hijo asista al Moving Everest. El formulario tampoco garantiza la admisión. Con la aprobación de la escuela, nos contactaremos con usted para comenzar un proceso de solicitud.

### Información del niño/a

|                                              |
|----------------------------------------------|
| Nombre completo del niño/a <u>[Redacted]</u> |
| <u>[Redacted]</u>                            |

### Información del segundo niño

|                                                                                                                              |                                                  |
|------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|
| Nombre completo del niño/a <u>[Redacted]</u>                                                                                 |                                                  |
| 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: <input type="checkbox"/> Yes <input type="checkbox"/> No                  | En caso afirmativo, ¿qué guardería o preescolar? |



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**Core Principles:**

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- 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>Nominalu <del>Walker</del> Harris</u> |                                      |
| Address: [Redacted]                                 |                                      |
| [Redacted] Street Apartment No. [Redacted]          |                                      |
| [Redacted] City                                     | [Redacted] State Zip Code [Redacted] |
| Phone: [Redacted]                                   | Email: [Redacted]                    |
| [Redacted] Signature                                | [Redacted] Date <u>8-26-18</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: <u>Kiana Bird</u>             |                   |
| Address: [Redacted]                      |                   |
| Street                                   | Apartment No      |
| [Redacted]                               | [Redacted]        |
| City                                     | State Zip Code    |
| [Redacted]                               | [Redacted]        |
| Phone: [Redacted]                        | Email: [Redacted] |
| [Redacted]                               | [Redacted]        |
| Signature <u>[Handwritten Signature]</u> | Date _____        |

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**Child's Information:**

|                                           |
|-------------------------------------------|
| Your Child's Full Name: <u>[Redacted]</u> |
| [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>Kenya Hogan</u>             |                                      |
| Address: [Redacted]                       |                                      |
| [Redacted] Street                         | Apartment No [Redacted]              |
| [Redacted] City                           | [Redacted] State [Redacted] Zip Code |
| Phone: [Redacted]                         | Email: [Redacted]                    |
| Signature: <u>[Handwritten Signature]</u> | Date: <u>8/26/18</u>                 |

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**Child's Information:**

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

**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>Crystal Sutton Eubanks</u> |                          |
| Address: <u>[REDACTED]</u>               |                          |
| <u>[REDACTED]</u>                        |                          |
| <u>[REDACTED]</u>                        | <u>[REDACTED]</u>        |
| <u>[REDACTED]</u>                        | <u>[REDACTED]</u>        |
| City                                     | State Zip Code           |
| Phone: <u>[REDACTED]</u>                 | Email: <u>[REDACTED]</u> |
| <u>[REDACTED]</u>                        | <u>[REDACTED]</u>        |
| 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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## PETITION SIGNATURE

|                                             |                      |
|---------------------------------------------|----------------------|
| Full Name:<br><i>Amely Rivera</i>           |                      |
| Address:<br>[Redacted]                      |                      |
| Street                                      | Apartment No.        |
| [Redacted]                                  | [Redacted]           |
| City                                        | State                |
| [Redacted]                                  | Zip Code             |
| Phone:<br>[Redacted]                        | Email:<br>[Redacted] |
| Signature<br><i>[Handwritten Signature]</i> | Date<br>_____        |

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**Child's Information:**

|                                       |
|---------------------------------------|
| Your Child's Full Name:<br>[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: Leticia Pastrana

Address: [Redacted]

Street: [Redacted] Apartment No: [Redacted]

City: [Redacted] State: [Redacted] Zip Code: [Redacted]

Phone: [Redacted] Email: [Redacted]

[Redacted Signature] 08-27-2018

Signature Date

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**Child's Information:**

Your Child's Full Name: [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]





# PETITION AND INTENT TO ENROLL

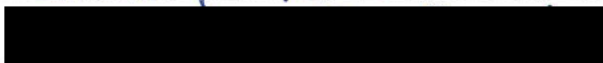
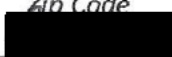

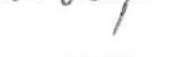

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## PETITION SIGNATURE

|                                                                                            |                                                                                              |                                                                                       |
|--------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| Full Name: <u>Sherry Brown</u>                                                             |                                                                                              |                                                                                       |
| Address:  |                                                                                              |                                                                                       |
| Street                                                                                     |                                                                                              | Apartment No                                                                          |
| City                                                                                       | State                                                                                        | Zip Code                                                                              |
| 77                                                                                         |                                                                                              |  |
| Phone:  | Email:  |                                                                                       |
|          |                                                                                              | Date <u>8/27/18</u>                                                                   |
| Signature                                                                                  |                                                                                              | 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        |                                    |                                    |



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## PETITION SIGNATURE

|                                           |                   |                    |
|-------------------------------------------|-------------------|--------------------|
| Full Name: <u>V. Blunne</u> <u>Orman</u>  |                   |                    |
| Address: [REDACTED]                       |                   |                    |
| City: <u>J</u>                            | State: <u></u>    | Zip Code: <u>7</u> |
| Phone: [REDACTED]                         | Email: [REDACTED] |                    |
| Signature: <u>[Handwritten Signature]</u> |                   | Date: _____        |

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**Child's Information:**

|                         |                           |
|-------------------------|---------------------------|
| Your Child's Full Name: | <u>[Handwritten Name]</u> |
| [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: Kattie Hemphill-Thomas

Address: \_\_\_\_\_  
Street Apartment No

\_\_\_\_\_ City State Zip Code

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

\_\_\_\_\_  
Signature Date

8-18-18

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Your Child's Full Name: \_\_\_\_\_

\_\_\_\_\_

**Second Child's information:**

Full Student Name: \_\_\_\_\_

Current Age/Grade:  3 yrs old  4 yrs old  5 yrs old

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



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## PETITION SIGNATURE

|                                  |              |                        |
|----------------------------------|--------------|------------------------|
| Full Name: <u>Devon Hilliard</u> |              |                        |
| Address: _____                   |              |                        |
| Street                           | Apartment No |                        |
| City                             | State        | Zip Code<br>[REDACTED] |
| Phone: _____                     | Email: _____ |                        |

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## ENROLLMENT

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**Child's Information:**

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



# 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.

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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: Jennifer Green

Address: [Redacted]

Street Apartment No

City State Zip Code

Phone: [Redacted] Email: [Redacted]

Signature: [Redacted]

Date: 8/18/18

## ENROLLMENT

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**Child's Information:**

Your Child's Full Name: [Redacted]

**Second Child's Information:**

Full Student Name: [Redacted]

Current Age/Grade:  3 yrs old  4 yrs old  5 yrs old

Currently enrolled in daycare or preschool:  Yes  No

If yes, what daycare or preschool? [Redacted]



# PETITION AND INTENT TO ENROLL

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- Social and emotional needs
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## PETITION SIGNATURE

|                              |                           |
|------------------------------|---------------------------|
| Full Name: <u>DANA NOBLE</u> |                           |
| Address: [REDACTED]          |                           |
| [REDACTED] Street            | [REDACTED] Apartment No   |
| [REDACTED] City              | [REDACTED] State Zip Code |
| Phone: [REDACTED]            | Email: [REDACTED]         |
| [REDACTED] Signature         | <u>8-29-2018</u><br>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"/> 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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- Focus on reading
- Character development
- Social and emotional needs
- Partnership with an afterschool provider

## PETITION SIGNATURE

|                                  |                                    |
|----------------------------------|------------------------------------|
| Full Name: <u>Angela Sanders</u> |                                    |
| Address: <u>[REDACTED]</u>       |                                    |
| <u>[REDACTED]</u><br>Street      | <u>[REDACTED]</u><br>Apartment No. |
| <u>[REDACTED]</u><br>City        | <u>[REDACTED]</u><br>State         |
| <u>[REDACTED]</u><br>Zip Code    |                                    |
| Phone: <u>[REDACTED]</u>         | Email: <u>[REDACTED]</u>           |
| <u>[REDACTED]</u><br>Signature   | <u>8-27-18</u><br>Date             |

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**Child's Information:**

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

**Second Child's information:**

|                                             |                                    |                                    |                                    |
|---------------------------------------------|------------------------------------|------------------------------------|------------------------------------|
| Full Student Name:<br><u>[REDACTED]</u>     |                                    |                                    |                                    |
| 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


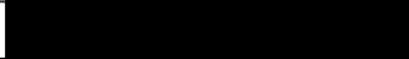
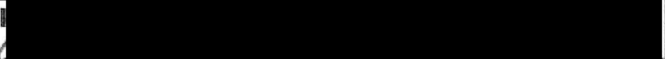
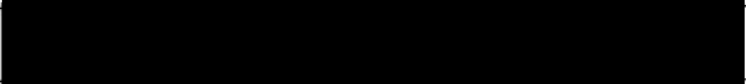
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- Focus on reading
- Character development
- Social and emotional needs
- Partnership with an afterschool provider

## PETITION SIGNATURE

|                                                                                            |                                                                                             |                          |
|--------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|--------------------------|
| Full Name: <u>Danahay Haynes</u>                                                           |                                                                                             |                          |
| Address:  |                                                                                             |                          |
| <u>Haynes</u><br>City                                                                      | <u>VA</u><br>State                                                                          | <u>22077</u><br>Zip Code |
| Phone:  | Email:  |                          |
|          |                                                                                             | <u>8-29-18</u><br>Date   |

## ENROLLMENT

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**Child's Information:**



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

## PETITION SIGNATURE

|                                |                          |                   |
|--------------------------------|--------------------------|-------------------|
| Full Name: <u>Jalisa Owens</u> |                          |                   |
| Address: <u>[Redacted]</u>     |                          |                   |
| <u>[Redacted]</u>              |                          |                   |
| <u>[Redacted]</u>              | <u>[Redacted]</u>        | <u>[Redacted]</u> |
| City                           | State                    | Zip Code          |
| Phone: <u>[Redacted]</u>       | Email: <u>[Redacted]</u> |                   |
| <u>[Redacted]</u>              |                          | <u>8-22-18</u>    |
| 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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- Student-ownership
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- Social and emotional needs
- Partnership with an afterschool provider

## PETITION SIGNATURE

|                                     |                             |
|-------------------------------------|-----------------------------|
| <b>Full Name:</b><br>Kayla Banister |                             |
| <b>Address:</b><br>[Redacted]       |                             |
| Street                              | Apartment No                |
| [Redacted]                          |                             |
| City                                | State                       |
| [Redacted]                          |                             |
| Zip Code                            |                             |
| [Redacted]                          |                             |
| <b>Phone:</b><br>[Redacted]         | <b>Email:</b><br>[Redacted] |
| [Redacted]                          |                             |
| Signature                           | Date                        |

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**Child's Information:**

|                                              |
|----------------------------------------------|
| <b>Your Child's Full Name:</b><br>[Redacted] |
|----------------------------------------------|

**Second Child's information:**

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



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## PETITION SIGNATURE

|                                                                                                                                                                                                                                                                                                                                                             |                          |        |               |                   |  |      |       |          |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------|---------------|-------------------|--|------|-------|----------|--|
| Full Name: <u>Donesha Atford</u>                                                                                                                                                                                                                                                                                                                            |                          |        |               |                   |  |      |       |          |  |
| Address: <u>[REDACTED]</u>                                                                                                                                                                                                                                                                                                                                  |                          |        |               |                   |  |      |       |          |  |
| <table border="0"> <tr> <td style="text-align: center;">Street</td> <td style="text-align: center;">Apartment No.</td> </tr> <tr> <td colspan="2"><u>[REDACTED]</u></td> </tr> <tr> <td style="text-align: center;">City</td> <td style="text-align: center;">State</td> </tr> <tr> <td colspan="2" style="text-align: right;">Zip Code</td> </tr> </table> |                          | Street | Apartment No. | <u>[REDACTED]</u> |  | City | State | Zip Code |  |
| Street                                                                                                                                                                                                                                                                                                                                                      | Apartment No.            |        |               |                   |  |      |       |          |  |
| <u>[REDACTED]</u>                                                                                                                                                                                                                                                                                                                                           |                          |        |               |                   |  |      |       |          |  |
| City                                                                                                                                                                                                                                                                                                                                                        | State                    |        |               |                   |  |      |       |          |  |
| Zip Code                                                                                                                                                                                                                                                                                                                                                    |                          |        |               |                   |  |      |       |          |  |
| Phone: <u>[REDACTED]</u>                                                                                                                                                                                                                                                                                                                                    | Email: <u>[REDACTED]</u> |        |               |                   |  |      |       |          |  |
| Signature: <u>[REDACTED]</u>                                                                                                                                                                                                                                                                                                                                | Date: <u>08/09/18</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? |                                    |
|                                             | <input type="checkbox"/> No        |                                    |                                    |



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

## PETITION SIGNATURE

Full Name: Shanaria Parker

Address: [Redacted]

[Redacted] City State Zip Code

Phone: [Redacted] Email: [Redacted]

[Redacted] Signature 08-29-18 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  5 yrs old

Currently enrolled in daycare or preschool:  Yes  No If yes, what daycare or preschool? \_\_\_\_\_



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## PETITION SIGNATURE

|                                  |                   |
|----------------------------------|-------------------|
| Full Name:<br><i>Lyn Johnson</i> |                   |
| Address: [Redacted]              |                   |
| Street                           | Apartment No      |
| [Redacted]                       | [Redacted]        |
| City                             | State             |
| [Redacted]                       | Zip Code          |
| Phone: [Redacted]                | Email: [Redacted] |
| [Redacted]                       | <i>08/28/2018</i> |
| 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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## PETITION SIGNATURE

|                                   |                          |
|-----------------------------------|--------------------------|
| Full Name: <u>Kiathema Powell</u> |                          |
| Address: <u>[Redacted]</u>        |                          |
| <small>Street</small>             |                          |
| <u>[Redacted]</u>                 |                          |
| <small>Apartment No</small>       |                          |
| <u>[Redacted]</u>                 | <u>[Redacted]</u>        |
| <small>City</small>               | <small>State</small>     |
| <u>[Redacted]</u>                 | <u>[Redacted]</u>        |
| <small>Zip Code</small>           | <small>City</small>      |
| Phone: <u>[Redacted]</u>          | Email: <u>[Redacted]</u> |
| <u>[Redacted]</u>                 | <u>08/29/2015</u>        |
| <small>Signature</small>          | <small>Date</small>      |

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**Child's Information:**

|                                              |                                    |                                    |                                    |
|----------------------------------------------|------------------------------------|------------------------------------|------------------------------------|
| Your Child's Full Name: <u>Kaiden Powell</u> |                                    |                                    |                                    |
| <u>[Redacted]</u>                            |                                    |                                    |                                    |
| <small>Se</small>                            |                                    |                                    |                                    |
| 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>Karen Hunter</u> |                   |            |
| Address: [Redacted]            |                   |            |
| Street                         | Apartment No.     |            |
| [Redacted]                     | [Redacted]        |            |
| City                           | State             | Zip Code   |
| [Redacted]                     | [Redacted]        | [Redacted] |
| Phone: [Redacted]              | Email: [Redacted] |            |
| [Redacted]                     |                   |            |
| Signature                      | Date              |            |

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**Child's Information:**

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



# 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.

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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: Dalanda Ewing                              |                                                 |
| Address: [Redacted]                                   |                                                 |
| [Redacted] Street [Redacted] Apartment No. [Redacted] |                                                 |
| [Redacted] City                                       | [Redacted] State [Redacted] Zip Code [Redacted] |
| Phone: [Redacted]                                     | Email: [Redacted]                               |
| Signature: [Handwritten Signature]                    | Date: 8/9/18                                    |

## ENROLLMENT

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**Child's Information:**

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

**Second Child's information:**

|                                                                                                                             |
|-----------------------------------------------------------------------------------------------------------------------------|
| Full Student Name: [Redacted]                                                                                               |
| 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 <input type="checkbox"/> No                        |
| If yes, what daycare or preschool?                                                                                          |





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## PETITION SIGNATURE

|                                  |       |              |  |
|----------------------------------|-------|--------------|--|
| Full Name: <u>Felicia Parker</u> |       |              |  |
| 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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- Student-ownership
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- Character development
- Social and emotional needs
- Partnership with an afterschool provider

## PETITION SIGNATURE

|                              |                   |
|------------------------------|-------------------|
| Full Name: <u>Mano Chaco</u> |                   |
| Address: [Redacted]          |                   |
| Street                       | Apartment No      |
| City                         | State             |
| [Redacted]                   |                   |
| Zip Code                     |                   |
| Phone: [Redacted]            | Email: [Redacted] |
| [Redacted]                   |                   |
| 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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- Student-ownership
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- Social and emotional needs
- Partnership with an afterschool provider

## PETITION SIGNATURE

|                                 |                          |                            |
|---------------------------------|--------------------------|----------------------------|
| Full Name: <u>Mary Williams</u> |                          |                            |
| Address: <u>[REDACTED]</u>      |                          |                            |
| Street                          |                          | Apartment No               |
| City                            | State                    | Zip Code <u>[REDACTED]</u> |
| Phone: <u>[REDACTED]</u>        | Email: <u>[REDACTED]</u> |                            |

[REDACTED] 9/11/18  
 Signature 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                                              |                                    |                                    |                                    |



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## PETITION SIGNATURE

|                                  |                          |                   |
|----------------------------------|--------------------------|-------------------|
| Full Name: <u>Stephanie Diaz</u> |                          |                   |
| Address: <u>[Redacted]</u>       |                          |                   |
| <u>[Redacted]</u>                | <u>[Redacted]</u>        | <u>[Redacted]</u> |
| City                             | State                    | Zip Code          |
| Phone: <u>[Redacted]</u>         | Email: <u>[Redacted]</u> |                   |
| <u>[Redacted]</u>                | <u>[Redacted]</u>        | <u>9/1/18</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 1<sup>st</sup> 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: <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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- Data-driven instruction
- Student-ownership
- Focus on reading
- Character development
- Social and emotional needs
- Partnership with an afterschool provider

## PETITION SIGNATURE

|                     |                   |
|---------------------|-------------------|
| Full Name: Kawada   |                   |
| Address: [Redacted] |                   |
| Street              | Apartment No.     |
| [Redacted]          | [Redacted]        |
| City                | State Zip Code    |
| Phone: [Redacted]   | Email: [Redacted] |

Signature

[Redacted 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        |                                    |                                    |