

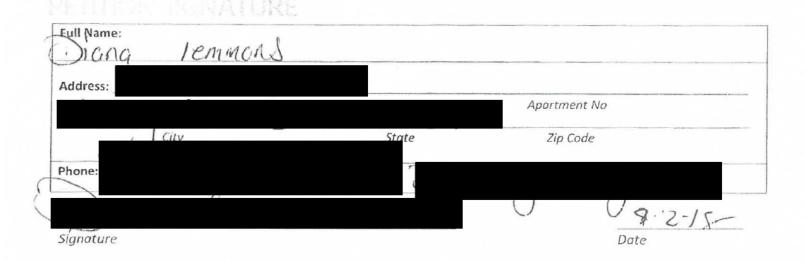
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Core Principles:

- 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



Child's Information:			
Your Child's Full Name:	-9.00	1	
		The second secon	
Current Age/Grade:	B 3 yrs old	☐ 4 yrs old	☐ 5 yrs old
Currently enrolled in o	daycare or preschool: Yes I No	If yes, what daycare or p	preschool?
Second Child's informati	on:		
Full Student Name:	7 T 15 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1		
Current Age/Grade:	☐ 3 yrs old	☐ 4 yrs old	☐ 5 yrs old
Currently enrolled in o	daycare or preschool: Yes	If yes, what daycare or p	preschool?



PETICIÓN E INTENCIÓN DE INSCRIBIRSE

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

FIRMA DE LA PETICIÓN

Comeia		
		Número
Estado		código postal
Correo Elec	ctrónico:	
3)	9-70-18 Fecha
	Estado	

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			
Información del segundo niño			



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PETITION SIGNATURE

Full Name: GIEN HOIC JR		
Address:		
Street		Anartment No
City	State	Zip Code
Phone:	Email:	1:1169. 116.
		8-4-18
Signature	1	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:		
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Second Child's information:		



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PETITION SIGNATURE

Full Name: Maria Vacon	dæ	
Address: Street		Apartment No
Litu	State	Zin Code + + +
Phone:	Email:	
Signature	_	09-20-100 Date

Child's Information:	
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PETITION SIGNATURE

Full Name: DEAN dre	Buchanan	
Address:		House,
	State	Zip Code
Phone:	Ema	il:
		9-1-18 9m
Signature		Date

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ull Student Name:					



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Dirección:	1 01615 11	Swiles	
			Númoro
Ciudad		Estado	código postal
Teléfono:		Correo Electrónico:	
Firma			Fecha
abrir en el otoño de 2019 para	Kindergarten y primero grad garantiza la admisión. Con l	o. Completar este formulario	ng Everest School. Estamos planeando o no requiere que su hijo asista al Moving nos contactaremos con usted para
Información del segundo niño			



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Nombre Completo:			
Dirección:			
Calle		Número	
Ciudad	Estado	código postal	
Teléfono:	Correo Electr	ónico:	
7.60			
Firma T		Fecha	

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PETITION SIGNATURE

artment No	
tate Zip Code	
Email: 11 C 11 C 11 C 1	
9/21/8	
t	tate Zip Code

Child/a Information	
Children	
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Second Child's information:	0



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PETITION SIGNATURE

Full Name: Shada Backecd			
Address			
— City	State	Zip Code	
Phone:	Email:	Zip code	
		Cl -	21-18
Signature		Date	~/ //

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Second Child's information	



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PETITION SIGNATURE

Full Name: Destine Sr	nith		*1
Address:			
Street	V	Anastment No	
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City	State	Zip Code	
Phone:		Email: (/ .)	
Signature \(\)			8

Second Child's information:	
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PETITION SIGNATURE

Full Name: Shaniqua Harris		
ddress:		artment No
City	State	Zip Code
hone:	Email:	
Signature		9 - 26 - 2018 Date

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PETITION SIGNATURE

Full Name: Ock MOSNey			
Address:			
Street		Anartment No	
City	State	Zip Code	
Phone: 6	Email:		
		9-21-1	8
signature / / /		Date	

Child's Information				
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Second Child's information:			0	



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PETITION SIGNATURE

Full Name: Wilheesha	Love			M
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	State	?	Zip Code	
Phone:		Email:		
Signature		Transcriptor (new Vice)	Date	

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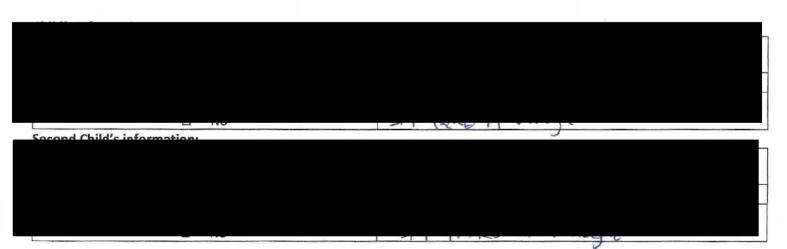
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Full Name	Stanguitta	Hollien				
Address:		, .			artment No	
	Ocity		State		Zip Code	
Phone:			Fm	aile u a	V O .	10 /
Signature	1-			_	Ī	Date





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Full Name: La' Tanay	Fields		
Address:		1	
	State		Zip Code
Phone:		Email:	
			9/20/2018
Signature			D'ate /

Childle Inform					
Second Child	s information:				
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PETITION SIGNATURE

Full Name: Fernando Mar	cap	
Address: Street		Anartment No.
City	State	Zip Code
Phone: —	Email:	
Signature		9/19/18 Date

Children Comments		
Second Child's information:		



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PETITION SIGNATURE

Full Name: Maria Go	rduno		
Address:			
Chroat			
City (State	Zip Code	
Phone:	Email:	4 0	f
Signature			Date

Childle Information	
Second Child's information:	



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Full Name:	Jelissa	Oquendo				
Address:					s produce state a methodological action (1999—1990—1990)	
					artme	nt No
	City		State	a	Zip Co	ode U
Phone:				Email:	0.01.	0 - 1
					J	9/18/18
Signature		•		The second secon		Date

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Second Child's information:	1	
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PETITION SIGNATURE

Full Name: Malacie		-	
Address:			
Character			,
City	State	Zip Cod	le
Phone:	Email:	1 (2)	11.00
Signature /			9-18-18 Date

Child/a Information		
		1
Second Child's information:		
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PETITION SIGNATURE

Full Name: Ricardo W	Accius	1	
Address:			
Street		Apartment No.	
City	State	Zip Code	
Phone:	Email:		
n			
Signature		Date	

Child's Information		
Second Child's information:		0 /