



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:			
<i>Street</i>		<i>Apartment No</i>	
<i>City</i>		<i>State</i>	<i>Zip Code</i>
[Redacted]		[Redacted]	[Redacted]
Phone:		Email:	
[Redacted]		[Redacted]	
<i>Signature</i>			<u>9-17-18</u> <i>Date</i>

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:	<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
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.

Misión: 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: 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 [Redacted]
Ciudad [Redacted]	Estado [Redacted] código postal [Redacted]
Teléfono: [Redacted]	Correo Electrónico: [Redacted]

[Redacted Signature] _____
Firma

Fecha

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Información del niño/a

Nombre completo del niño/a <i>Diana</i>
[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> 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: [REDACTED]			
[REDACTED] Street		Apartment No. [REDACTED]	
[REDACTED] City		State	Zip Code
Phone: [REDACTED]		Email: [REDACTED]	
[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"/> 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
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- Necesidades sociales y emocionales
- Asociación con un proveedor después de la escuela

FIRMA DE LA PETICIÓN

Nombre Completo: <i>Kimberly Sob...</i>		
Dirección: <i>[Redacted]</i>		
<i>Calle</i>	<i>[Redacted]</i>	<i>[Redacted]</i>
<i>Ciudad</i>	<i>Estado</i>	<i>código postal</i>
Teléfono: <i>[Redacted]</i>	Correo Electrónico: <i>[Redacted]</i>	
<i>Firma</i>	<i>[Redacted]</i> <i>08-2-2019</i> <i>Fecha</i>	

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Información del niño/a

Nombre completo del niño/a
<i>[Redacted]</i>

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
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<input type="checkbox"/> Yes <input type="checkbox"/> No			



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PETITION SIGNATURE

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

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

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

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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]



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PETITION SIGNATURE

Full Name: Jaiden Alejandro

Address: [Redacted]

[Redacted]

City State Zip Code

Phone: [Redacted] Email: _____

Signature [Redacted] Date 8.2.18

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>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>
<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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FIRMA DE LA PETICIÓN

Nombre Completo: <u>M^o Leonor Castillo</u>		
Dirección: <u>[Redacted]</u>		
<u>[Redacted]</u>	<u>[Redacted]</u>	<u>[Redacted]</u>
<i>Ciudad</i>	<i>Estado</i>	<i>código postal</i>
Teléfono: <u>[Redacted]</u>	Correo Electrónico: <u>[Redacted]</u>	
<u>[Redacted]</u>	<u>09-10-18</u>	
<i>Firma</i>	<i>Fecha</i>	

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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"/> 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>Aston Strickland</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>
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>
[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>ASHLEY FISCAL</u>	
Address: [REDACTED]	
[REDACTED]	
City: [REDACTED]	State: [REDACTED]
Zip Code: [REDACTED]	
Phone: [REDACTED]	Email: [REDACTED]
Signature: [REDACTED]	Date: <u>8.4.18</u>

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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
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PETITION SIGNATURE

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

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		



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: [Redacted]		
[Redacted] Street	[Redacted]	Apartment No [Redacted]
[Redacted] City	[Redacted] State	[Redacted] Zip Code
Phone: [Redacted]	Email: [Redacted]	
[Redacted] Signature	8.4.18 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:	<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: <i>Chelita Garmon</i>		
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: _____

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: <u>Chabree M Browntee</u>	
Address: [Redacted]	
[Redacted] Street	[Redacted] Apartment No.
[Redacted] City	[Redacted] State [Redacted] Zip Code
Phone: [Redacted]	Email: [Redacted]

Signature

Date

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Child's Information:

Your Child's Full Name: [Redacted]

[Redacted]

Second Child's information:

Full Student Name: [Redacted]

[Redacted]



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- Data-driven instruction
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- Character development
- Social and emotional needs
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PETITION SIGNATURE

Full Name: <u>Tasha Williams</u>	
Address: [Redacted]	
Street	Apartment #
City	State
	Zip Code
Phone: [Redacted]	Email: [Redacted]
[Redacted Signature]	
Signature	Date

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Child's Information:

Your Child's Full Name:	[Redacted]
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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		



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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>Tanisha Johnson</u>			
Address: <u>5 [redacted]</u>		[redacted]	
<u>Chicago</u>	Street	[redacted]	Apartment No.
[redacted]	City	[redacted]	State
[redacted]	State	[redacted]	Zip Code
Phone: [redacted]		Email: [redacted]	
[redacted]			<u>9-7-18</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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- Character development
- Social and emotional needs
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PETITION SIGNATURE

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

[Redacted Signature]
Signature

09-08-2018
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 <input type="checkbox"/> No If yes, what daycare or preschool?



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- Partnership with an afterschool provider

PETITION SIGNATURE

Full Name: Cleopatra Kinnemore	
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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- 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: <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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- Social and emotional needs
- Partnership with an afterschool provider

PETITION SIGNATURE

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

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Child's Information:

Your Child's Full Name:
[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	If yes, what daycare or preschool?	
	<input type="checkbox"/> No		



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

PETITION SIGNATURE

Full Name: <u>Alexis Ware</u>		
Address: [Redacted]		
[Redacted]	[Redacted]	Apartment No [Redacted]
City	State	Zip Code
Phone: [Redacted]	Email: [Redacted]	
[Redacted]		<u>9/8/2019</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: <u>Yajaira Rodriguez</u>	
Address: [Redacted]	
[Redacted] Street	[Redacted] Apartment No
[Redacted] State	[Redacted] Zip Code
Phone: [Redacted]	Email: [Redacted]
[Redacted] Signature	<u>9-10-2018</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"/> 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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- Social and emotional needs
- Partnership with an afterschool provider

PETITION SIGNATURE

Full Name: <u>Maria Torres</u>	
Address: [Redacted]	
[Redacted] Street	[Redacted] Apartment No
[Redacted] City	[Redacted] State
	[Redacted] Zip Code
Phone: [Redacted]	Email: [Redacted]
[Redacted] Signature	<u>09-10-2019</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"/> 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: <i>Adriana</i>			
Address:			
Street		Apartment No	
City	State	Zip Code	
Phone:		Email:	
[Redacted]		[Redacted]	
Signature		Date	

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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: Sarah Barrera		
Address: [Redacted]		
[Redacted] Street	[Redacted]	Apartment No. [Redacted]
[Redacted] City	[Redacted] State	[Redacted] Zip Code
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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- Partnership with an afterschool provider

PETITION SIGNATURE

Full Name: <u>Nerehyn Munguia</u>		
Address: [Redacted]		
[Redacted] <i>Street</i>	[Redacted]	[Redacted] <i>Apartment No</i>
[Redacted] <i>City</i>	[Redacted] <i>State</i>	[Redacted] <i>Zip Code</i>
Phone: [Redacted]	Email:	
[Redacted] <i>Signature</i>	[Redacted] <i>Date</i> <u>09-10-18</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"/> Pre-K
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.

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

Your Child's Full Name:
[Redacted]

Second Child's information:

Full Student Name:
[Redacted]