



# 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]		
	Street	Apartment No.	
	[Redacted]		
	City	State	Zip Code
<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>(773) 75</u>	<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>
---

### 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:	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>Dominique Harris</u>		
Address: [Redacted]		
Street		Apartment No
[Redacted]		
City	State	Zip Code
Phone: [Redacted]	Email:	
[Redacted Signature]		<u>8-26-18</u>
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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## PETITION SIGNATURE

Full Name: <u>Kiana Bird</u>			
Address: [Redacted]			
[Redacted] Street		Apartment No	
[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: <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]		Apartment No. [Redacted]
City: <u>1</u>	State: [Redacted]	Zip Code: [Redacted]
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]

**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>Crystal Sutton Eubanks</u>			
Address: [REDACTED]			
Street		Apartment No.	
[REDACTED]		[REDACTED]	
City	State	Zip Code	
<u>123</u> [REDACTED]	[REDACTED]	[REDACTED]	
Phone: [REDACTED]		Email: [REDACTED]	
[REDACTED]		[REDACTED]	
Signature		Date	

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**Child's Information:**

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

**Second Child's information:**

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





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## PETITION SIGNATURE

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

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**Child's Information:**

Your Child's Full Name:
[Redacted]

**Second Child's information:**

Full Student Name:			
Current Age/Grade:	<input type="checkbox"/> 3 yrs old	<input type="checkbox"/> 4 yrs old	<input type="checkbox"/> 5 yrs old
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## PETITION SIGNATURE

Full Name:		Leticia Pastrana	
Address:		[Redacted]	
[Redacted]		[Redacted]	
[Redacted]		[Redacted]	
City		State	Zip Code
Phone:	[Redacted]	Email:	[Redacted]
[Redacted]		[Redacted]	
Signature		Date	
		08-27-2018	

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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"/> 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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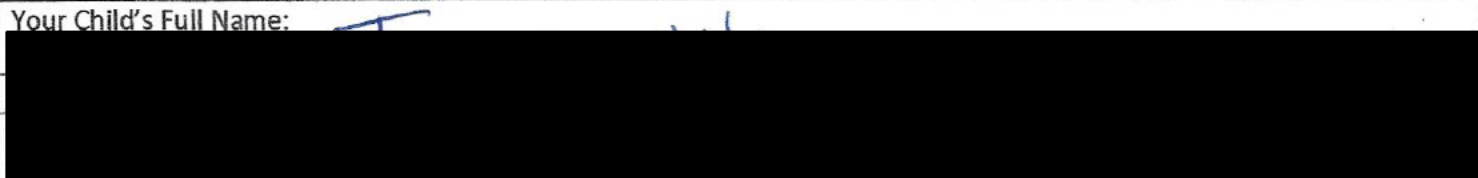
## PETITION SIGNATURE

Full Name: <u>Sherry Brown</u>	
Address: 	
<i>Street</i> <span style="float: right;"><i>Apartment No</i></span>	
<i>City</i> <span style="margin-left: 100px;"><i>State</i></span> <span style="float: right;"><i>Zip Code</i></span>	
Phone: 	Email: 
Signature: <u></u>	Date: <u>8/27/18</u>

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**Child's Information:**

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

**Second Child's information:**

Full Student Name:			
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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>Kattie Hemphill-Thomas</u>	
Address: <u>[Redacted]</u>	
<u>[Redacted]</u> Street	<u>[Redacted]</u> Apartment No
<u>[Redacted]</u> City	<u>[Redacted]</u> State
<u>[Redacted]</u> Zip Code	
Phone: <u>[Redacted]</u>	Email: <u>[Redacted]</u>
<u>[Redacted]</u> Signature	<u>8-18-18</u> Date

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**Child's Information:**

[Redacted]

[Redacted]

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

<b>Full Name:</b> DEVON Hilliard			
<b>Address:</b>			
Street		Apartment No	
City	State	Zip Code	
Phone:		Email:	

Signature

[Redacted Signature]

Date

## ENROLLMENT

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**Child's Information:**

[Redacted Child Information]

<b>Full Student Name:</b>			
<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 <input type="checkbox"/> No		If yes, what daycare or preschool?	





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## PETITION SIGNATURE

Full Name: Jennifer Green	
Address: [Redacted]	
Street	Apartment No
[Redacted]	[Redacted]
City	State Zip Code
Phone: [Redacted]	Email: [Redacted]
[Redacted]	[Redacted]
Signature	Date 8/18/18

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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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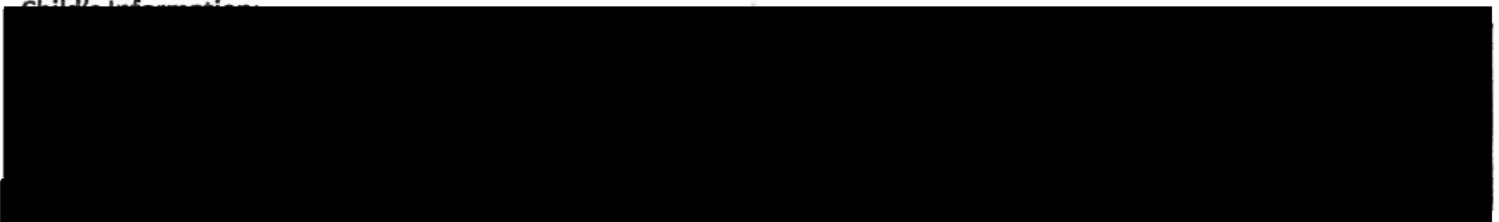
## PETITION SIGNATURE

Full Name: <u>DANA NOBLE</u>		
Address: [REDACTED]		
[REDACTED] <small>Street</small>	[REDACTED]	Apartment No [REDACTED]
[REDACTED] <small>City</small>	[REDACTED] <small>State</small>	[REDACTED] <small>Zip Code</small>
Phone: [REDACTED]	Email: [REDACTED]	
[REDACTED] <small>Signature</small>	[REDACTED] <small>Date</small> <u>8-29-2018</u>	

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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"/> 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>Anaela Sanders</u>	
Address: <u>[REDACTED]</u>	
<u>[REDACTED]</u> Street	Apartment No <u>[REDACTED]</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>8-27-18</u> Date

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**Child's Information:**

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



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- Student-centered, personalized learning
- Culture of high expectations
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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:** Danahay Haynes

---

**Address:** [Redacted]

[Redacted] **Apartment No.** 6

---

[Redacted] **City** [Redacted] **State** [Redacted] **Zip Code**

---

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

---

[Redacted] **Signature** 8-29-18 **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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- Student-ownership
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- Character development
- Social and emotional needs
- Partnership with an afterschool provider

## PETITION SIGNATURE

**Full Name:** Jalisa Owens

**Address:** \_\_\_\_\_  
Street Apartment No.

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

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

\_\_\_\_\_  
Signature 8-22-18  
Date

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**Child's Information:**

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

## PETITION SIGNATURE

Full Name: <i>Kayla Banister</i>	
Address: [Redacted]	
[Redacted] Street	Apartment No [Redacted]
[Redacted] City	[Redacted] State [Redacted] Zip Code
Phone: [Redacted]	E-mail: [Redacted]
[Redacted] Signature	[Redacted] Date

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**Child's Information:**

Your Child's Full Name: [Redacted]

**Second Child's information:**

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





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

## PETITION SIGNATURE

Full Name: <u>Donesha Atford</u>	
Address: <u>[REDACTED]</u>	
<small>Street Apartment No.</small>	
<u>[REDACTED]</u>	
<small>City State Zip Code</small>	
Phone: <u>[REDACTED]</u>	Email: <u>[REDACTED]</u>
<u>[REDACTED]</u>	<u>08/09/18</u>
<small>Signature</small>	<small>Date</small>

## ENROLLMENT

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**Child's Information:**

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

**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:** Shanaria Parker

**Address:** [Redacted]

Street Apartment No.

City State Zip Code

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

Signature 08-29-18  
Date

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**Child's Information:**

Your Child's Full Name: [Redacted]

**Second Child's information:**

Full Student Name:

Current Age/Grade:  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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- Social and emotional needs
- Partnership with an afterschool provider

## PETITION SIGNATURE

Full Name: <i>Lyn Johnson</i>	
Address: [Redacted]	
<i>Street</i>	<i>Apartment No</i>
[Redacted]	
<i>City</i>	<i>State</i>
	<i>Zip Code</i>
Phone: [Redacted]	Email: [Redacted]
[Redacted]	
<i>Signature</i>	<i>08/28/2018</i> <i>Date</i>

## ENROLLMENT

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**Child's Information:**

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

**Second Child's information:**

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



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

## PETITION SIGNATURE

Full Name: <u>Kiathema Powell</u>	
Address: [Redacted]	
[Redacted] Street	[Redacted] Apartment No.
[Redacted] City	[Redacted] State
[Redacted]	[Redacted] Zip Code
Phone: <u>[Redacted]</u>	Email: [Redacted]
[Redacted] Signature	<u>08/29/2015</u> 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
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- Partnership with an afterschool provider

## PETITION SIGNATURE

Full Name: <i>Kecia Harper</i>	
Address: [Redacted]	
Street	Apartment No
[Redacted]	[Redacted]
City	State
[Redacted]	Zip Code
[Redacted]	[Redacted]
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"/> 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:** Dalanda Ewing

**Address:** [Redacted]

Street Apartment No.

City State Zip Code

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

Signature 8/9/18  
Date

## 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?**





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- Social and emotional needs
- Partnership with an afterschool provider

## PETITION SIGNATURE

Full Name: <u>Felicia Parker</u>			
Address: _____			
Street		Apartment No	
City	State	Zip Code	
Phone: _____		Email: _____	
Signature		Date	

## ENROLLMENT

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**Child's Information:**

Your Child's Full Name:
[Redacted]

**Second Child's information:**

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



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- Character development
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## PETITION SIGNATURE

**Full Name:** Mano Chacov

---

**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:  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

<b>Full Name:</b> Mary Williams		
<b>Address:</b> [Redacted]		
Street		Apartment No
City	State	Zip Code
[Redacted]		91118
<b>Phone:</b> [Redacted]	<b>Email:</b> [Redacted]	
Signature	Date	

## ENROLLMENT

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**Child's Information:**

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

**Second Child's information:**

<b>Full Student Name:</b>			
<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	If yes, what daycare or preschool?	
	<input type="checkbox"/> No		



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- Partnership with an afterschool provider

## PETITION SIGNATURE

Full Name: <u>Stephanie Diaz</u>	
Address: [Redacted]	
Street	Apartment No.
[Redacted]	[Redacted]
City	State Zip Code
[Redacted]	[Redacted]
Phone: [Redacted]	Email: [Redacted]
Signature: [Redacted]	Date: <u>9/1/18</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: Kawada	
Address: [Redacted]	
Street	Apartment No.
[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		