



# 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>Alicia Jones</u>			
Address: <u>[REDACTED]</u>			
<u>01</u> Street		Apartment No	
<u>[REDACTED]</u>			
City <u>1</u>		State	Zip Code
Phone: <u>[REDACTED]</u>		Email: <u>[REDACTED]</u>	
<u>[REDACTED]</u>			Date
Signature <u>( )</u>			

## ENROLLMENT

*This form shows interest in having your child attend Moving Everest School. We are planning to open in the fall of 2019 for Kindergarten and 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:			
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			

**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>Dominika Allison</u>		
Address:		
<small>Street</small>	<small>Apartment No.</small>	
<small>City</small>	<small>State</small>	<small>Zip Code</small>
Phone:	Email:	

Signature

Sep 29 2018  
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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## PETITION SIGNATURE

<b>Full Name:</b> Sheila Ward	
<b>Address:</b> [Redacted]	
Street Apartment No	
[Redacted]	
City	State Zip Code
[Redacted]	[Redacted]
<b>Phone:</b> [Redacted]	<b>Email:</b> [Redacted]

Signature \_\_\_\_\_ Date 9/30/18

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**Child's Information:**

Your Child's Full Name: [Redacted]

[Redacted]