Student Enrollment Application 2023 - 2024

BASIC INFORMATION

(Submit one form per student)



Today's Date	MUNIESSUR
Student's Name	
Date of Birth Grade Entering C	Gender (circle) M F
School District residing in:	
Neighborhood School	
Sibling's Name Gro	ade
Is Sibling also applying? Y N (Please submit a sep-	arate form for each student)
Parent/Guardian #1	
Address	SUPPLEMENTAL INFORMATION
City, State, Zip	(This section is optional and will not impact the results of the lottery)
Phone	Has your child had experience in a
Email	Montessori classroom before? Y N
	If so, at what age(s)?
Parent/Guardian #2	
Address	How did you hear about Desert Sky Montessori Charter School?
City, State, Zip	
Phone	Are you interested in volunteering to
Email	support our program? Y N
If you have additional parents you would like to list,	Please note: If your child is offered enrollment in DSMCS and has an IEP or IFSP, we will have our SPED Team meet with

PLEASE RETURN COMPLETED FORM TO:

please do so on the back of this form.

Desert Sky Montessori Charter School (DSMCS) 63175 OB Riley Rd, Bend, OR 97703

OR EMAIL TO: enrollment@dsmontessori.org

Desert Sky Montessori does not discriminate against individuals of a particular race, color, national or ethnic origin, age, religion, sex, sexual orientation, gender identification and expression, against individuals with disabilities, or any other characteristics protected under applicable federal or state law.

your child's current School District's SPED Team to make

*Once the lottery is completed, and an opening occurs, the first name on the waiting list becomes eligible to fill that spot.

A family will have one opportunity to rotate to the bottom of the waiting list. The second time a family becomes eligible,

they must either accept the opening or be removed from the waiting list. The waiting list is for one school year. For a family

to remain on the waiting list, they must reapply for the

appropriate educational accommodations.

following year's lottery.