

Date Received

Madrone Trail Public Charter School
Sibling Enrollment Form 2014-15

1. Child Information

Childs Name _____ Sex: ___M___F _____ Intended Grade
For 2014-15

Childs Address _____ City _____ Zip _____

Childs Date of Birth _____ Check here if address is new

Current School Enrolled In _____ Phone Number _____ Teacher _____

Name(s) of Currently Enrolled Sibling(s) _____ Grade _____

Siblings for whom you are also submitting a MTCPS application for 2014/15 _____ Grade _____

2. Parent Information

Parent/Guardian 1 _____ Home Phone _____ Cell Phone _____ Work Phone _____

Parent/Guardian 2 _____ Home Phone _____ Cell Phone _____ Work Phone _____

Please read and initial the following statements:

_____ I will need to sign a records release to obtain my child's records from their previous school (if applicable).

_____ I understand that I will be asked to follow media, food, and dress code policies as outlined in the MTCPS Parent Handbook.

Parent/Guardian Signature _____ Date _____

Initialed and signed must be returned to the office by February 28, 2014