Office Use Only:	Age:	#:	
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2019-2020 School Year **TMES Casita Preschool** Lottery Application



All information must be filled out completely for valid application.

Please Print:						
Student Nam	ne				Gender: M F	
	(First)		(Middle)	(Last)		
Birthdate	Month	Day	Year	Current School _		
	WOTHT	Day	i eai			
	ested for 2019-2 ele one-		group (Must be born	n before 9-1-16)	4 year old group (<i>Must</i> be born before 9-1-15)	
If you are app	olying for the <u>4</u> ye	ear old group, pl	ease select your prefe	erred TMES location:	Montano campus Carmel campus	
				re at the Carmel can o disenroll a student	npus. All students must be <u>fully</u> potty-trained to at any time.	
Parent/Guard	lian #1					
		(First)		(Last)	Relationship to student	
Address		eet		City	Zip Code	
.				Oity	Zip Gode	
i elepnone	Home	V	/ork	Cell	Email	
Parent/Guard	lian #2					
		(First)		(Last)	Relationship to student	
Address						
		eet		City	Zip Code	
Telephone	Home	W	ork ork	Cell	Email	
Signed:Parent/Guardian				Date		
Please list an	y siblings who ar	e also applying to	o Casita, TMES or TN	MMS for admission for	the 2019-2020 school year.	
Each child a	pplying needs a	separate applic	ation form.			
Name					2019-2020 Grade	
lame				2019-2020 Grade		
All information	n in this application	on will be treated	as confidential.			
How did you I	hear about us?					