Office Use Only:	Grade:	_	#:
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2019-2020 School Year **TMES/TMMS** Lottery Application



All information must be filled out completely for valid application.

tudent Name	(5:4)			l: -I -II - \			/I t)				Gender: M F
	(First)		(IVI	liddle)			(Last))			
irthdate						Curre	nt School				
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rade Reques	sted for 2019-2020:						_	_		_	
		K	1	2	3	4	5	6	7	8	(circle one)
ndergarten t	families: Please sel	ect your	preferre	d TMES	location (you may ch	oose both):	M	ontano d	campus	Carmel campus
ote: Accord	ing to the TMES Ch	narter, a	ny stude	ent previ	iously ex	pelled fr	om any a	cademic	institu	tion is no	t eligible for enrollmer
arent/Guardia	an #1	(F::4)				(1 +)				Dalati	
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arent/Guardia	an #2	/F: ()									
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ease list any	siblings who are als	o applyi	ng to Cas	sita, TME	S or TMI	MS for ad	lmission fo	or the 20	19-2020	school ye	ear.
nch child ap _l	plying needs a sep	arate ap	plication	n form.							
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