

2020-2021 School Year **TMES Casita Preschool** Lottery Application



All information must be filled out completely for valid application.

Please Print:					
Student Name	(First)	(Mic	idle)	(Last)	Gender: M F
Birthdate		·		Current School	
	Month	Day	Year	Guirent Genoor_	
	sted for 2020-20		 (///a t bo b	ara bafara 0 4 47)	A year ald group (Must be born before 0.4.46)
Circi	e one-	3 year old gro	up (<i>must</i> be bo	orn before 9-1-17)	4 year old group (<i>Must</i> be born before 9-1-16)
If you are appl	ying for the <u>4</u> yea	ar old group, please	e select your pr	eferred TMES location:	Montano campus Carmel campus
					pus. All students must be <u>fully</u> potty-trained to
joiri our progi	am. TWES Cas	sita Prescriooi rest	erves ine rign	t to disenroll a student	at any time.
Parent/Guardia	an #1				
		(First)		(Last)	Relationship to student
Address	Stre	ot .		City	Zip Code
		eı		City	Zip Code
Telephone	Home	Work		Cell	Email
Parent/Guardia	an #2	(First)			
		(First)		(Last)	Relationship to student
AddressStreet				City	Zip Code
Telephone				·	·
	Home	Work		Cell	Email
Signed: Parent/Guardian				[Date
Parer	ii/Guardian				
Please list any	siblings who are	also applying to Ca	sita, TMES or	TMMS for admission for t	he 2020-2021 school year.
Each child ap	plying needs a	separate applicatio	on form.		
Name					2020-2021 Grade
Name	ame				2020-2021 Grade
All information	in this application	n will be treated as o	confidential.		
How did you h	ear about us?				