Official Use Only:	
Date:	
Received by:	



	HARTER SCHOOL T / LOTTERY APPL	ICATION FORM	
	2015-2016 School Year		
Referred by:	Grade Entering in A	August 2015:	
Student's Legal Name:			
Child's Date of Birth:	Male() Female	() County of Residence:	
Mr Ms Mrs Dr Relationship	Mr Ms/	MrsDrRelationship	
Guardian's Name	Guardian's Name		
Address			
City	State	Zip	
Home Phone Cell Ph	one	Work Phone	
Email(s):			
Is the student a child of a military family or vy sear?	will he or she be a child of a r	nilitary family at any time du	ring this school
Has your child attended Garden Montessori S	chool VPK program? 🛛 Ye	s 🗆 No 🗆 Enrolling for S	Summer 2015
Previous School Experience:			
Please list all siblings and their grades that application form must be completed for each		lmission to GMCS (a pre-enro	llment /lottery
Name:	Grade Entering:	DOB:	
Name:	Grade Entering:	DOB:	
Name:	Grade Entering:	DOB:	
*** To be considered in the main lo address below no later	ottery, the Lottery Applicat than Friday, February 2 '		the

Please return Lottery Application Form by email, in person or USPS to the following: Garden Montessori Charter School Attention: Admissions 6845 Boyette Road, Wesley Chapel, FL 33545 gardenmontessoricharter@gmail.com Phone (813) 991-6335