**FOLSOM CORDOVA UNIFIED SCHOOL DISTRICT**
**1965 Birkmont Drive**
**Rancho Cordova, California 95742**

**FCUSD Montessori Program**
**Carl Sundahl Elementary School**
**9932 Inwood Road, Folsom 95630**
**Tel: 916 294 2425**

# 2020-2021 Montessori Application for Enrollment

**Please mark grade for the 2020- 2021 school year:**

☐ **Preschool** ☐ **Transitional Kindergarten** ☐ **Kindergarten**

**Student Name: (Provide Legal Name from Birth Certificate, Baptism Certificate, Passport, Affidavit of the parent/guardian or custodian of the minor. Or, any other means of providing the age of the child as proscribed by the governing board of the school district).**

| **Last Name:** | **First Name:** | **Middle:** |
|---|---|---|
| | | |

| **Date of Birth:** | **Please Check:** | **Female** | ☐ | **Male** | ☐ | **Current 2019-2020 Grade:** |
|---|---|---|---|---|---|---|
| | | | | | | |

**Parent/Guardian/Legal Caregiver Information:**

| **Last Name:** | **First Name:** | **MI:** |
|---|---|---|
| **Street Address:** | **City:** | **Zip:** |
| **Home Telephone:** | **Cell Phone:** | **Work Telephone:** |

**Email Address: (*please print clearly)***

**Recent School Information:** ***(please provide information for the last two years, if applicable)***

**2018 - 2019 School:** _____

**2019 - 2020 School:** _____

**Background Information: (*please use the back of this application if you need additional space to answer the following questions)***

**1. How did you hear about FCUSD Montessori Program at Carl Sundahl Elementary School?**

**2. How did you become interested in the Montessori Method?**

**3. How do you feel your child will benefit from a FCUSD Montessori Program experience?**

***Parent or Legal Guardian Signature:*** _____ ***Date:*** _____