



**Rising Star  
Montessori School**  
Alameda, CA 94501  
www.risingstarschool.org  
Established 1982

**High Street Campus**  
1421 High Street  
(510) 865-4536 • Fax (510) 865-4538  
license # 013420949

**Cottage Campus**  
770 Santa Clara Avenue  
(510) 521-8940 • Fax (510) 814-4191  
license # 013420950

APPLICATION FOR ADMISSION School Year 2017-2018

New Student ( PreK-\$200, Elem-\$250)     Re-enrollment ( PreK-\$150, Elem-\$210)

High Street Campus (HS)     Cottage Campus (CC)

Child's Name \_\_\_\_\_  
Last First M.I.

Male     Female    Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Guardian 1 \_\_\_\_\_ Parent/Guardian 2 \_\_\_\_\_

Occupation \_\_\_\_\_ Occupation \_\_\_\_\_

Name of Firm \_\_\_\_\_ Name of Firm \_\_\_\_\_

Bus. Address \_\_\_\_\_ Bus. Address \_\_\_\_\_

Bus. Phone \_\_\_\_\_ Bus. Phone \_\_\_\_\_

Home Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E mail address \_\_\_\_\_ E mail address \_\_\_\_\_

Child Lives With     Both Parents (same residence)     Mother     Father     Other \_\_\_\_\_

Ages of other children in family: Brothers: \_\_\_\_\_ Sisters: \_\_\_\_\_ Language spoken at home \_\_\_\_\_

Previous Schools Attended \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Please check programs below.

A.  **PreKindergarten** (HS-Age 2yrs 9mos and potty trained by start date, CC-Age 2yrs 4mos by start date)

\_\_\_\_ Three Days \_\_\_MTTh \_\_\_MTF \_\_\_MWTh \_\_\_TWF \_\_\_TThF \_\_\_MThF

\_\_\_\_ Four Days \_\_\_MTWTh \_\_\_MTWF \_\_\_MTThF \_\_\_MWThF \_\_\_TWTThF

\_\_\_\_ Five Days

\_\_\_\_ 8:30AM-12:30PM    \_\_\_\_ 8:30AM-3:00PM

B.  **Elementary - HS only**- Five day 8:30AM to 3:00PM

\_\_\_\_ Kindergarten (age 5 by Sept 1, 2017)

\_\_\_\_ 1<sup>st</sup> Grade    \_\_\_\_ 2<sup>nd</sup> Grade    \_\_\_\_ 3<sup>rd</sup> Grade    \_\_\_\_ 4<sup>th</sup> Grade    \_\_\_\_ 5<sup>th</sup> Grade

C.  **EXTENDED CARE**

\_\_\_\_ Hourly    \_\_\_\_ Under 2 Hour Plan    \_\_\_\_ Under 3 Hour Plan    \_\_\_\_ Full Flat Rate Plan

I have enclosed a non-refundable fee. (Please see above for the appropriate fee to enclose)

Parent/Guardian 1 Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian 2 Signature \_\_\_\_\_ Date \_\_\_\_\_

**New Student Policy:**  
Each child who enrolls in our school is placed on a two week probation from the start date.  
Please initial \_\_\_\_\_ that you have read and understand the above policy.