

Mount Rose K-8

Application

915 Lander Street
Reno, NV 89509 (775) 333-5030



Kristen Brown, Principal
kbrown@washoeschools.net
www.washoe.k12.nv.us/mtrose

Mission Statement: Mount Rose aims to collaboratively create a community of intercultural understanding by guiding students to become leaders who are challenged to reach their highest potential. A focus on interdisciplinary instruction based on standards, inquiry, and service learning will inspire students to become reflective and compassionate citizens who will help create a more peaceful and educated world.

STUDENT LEGAL NAME:

Last	First	Middle
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DATE OF BIRTH: __ / __ / ____	STUDENT ID (if known): _____
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PREFERRED NAME: (if different than legal name)

Last	First	Middle
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CURRENT AGE:	GENDER: Male Female
Grade Level	Zoned Middle School

HOME ADDRESS:

Street/Apt #	City	State
Zip	Home Phone	Cell Phone

TRANSPORTATION ADDRESS (if different than home address)

Street/Apt #	City	State
Zip	Home Phone	Cell Phone

STUDENT'S PRIMARY LANGUAGE: English Spanish Other _____	MAILING REQUESTED IN: English _____ Spanish _____	SPECIAL EDUCATION: Yes No	GIFTED PROGRAM: Yes No
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ETHNIC ORIGIN: (check one) Hispanic/Latino _____ NOT Hispanic/Latino _____	RACE: (check all that apply) Hispanic/Latino _____ Asian Black or African American _____
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	American Indian or Alaskan Native _____ Asian _____ White _____ Multi Race _____
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FAMILY INFORMATION

PUPIL LIVES WITH:	Both Parents _____ Parent/Step-parent _____ Other _____	Mother Only _____ Father Only _____ Relative Other _____
FATHER/GUARDIAN NAME: First _____ Last _____	EMPLOYER:	DAY PHONE
Mother/GUARDIAN NAME: First _____ Last _____	EMPLOYER:	DAY PHONE
Step-Parent/GUARDIAN NAME: First _____ Last _____	EMPLOYER:	DAY PHONE
ALTERNATE CONTACT NAME: First _____ Last _____	EMPLOYER:	DAY PHONE

PARENT E-MAIL ADDRESS: (please print clearly)

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CURRENT SIBLING(S) INFORMATION

Are any siblings currently attending a middle magnet school? Yes _____ No _____	If yes: list sibling(s) name, and grade level:
Is there more than one new sibling applying for a middle magnet school? Yes _____ No _____	If yes: list sibling(s) name, and grade level:

Current MAP score: Math _____ Reading _____ Must be at least 226 (Math) and 217 (Reading) since courses are at the Honor level.

Students: Please write a brief statement of why you wish to attend Mount Rose Exemplary School of Languages. (You may attach additional pages if needed.)

PARENT/GUARDIAN SIGNATURE: Signature(s) required.*

Please note, in case your application is not accepted you need to register your student at your zoned school.

NOTE: FALSE OR DELIBERATELY INCORRECT INFORMATION WILL AUTOMATICALLY DISQUALIFY A STUDENT FROM THE ADMISSIONS PROCESS

Parent/Guardian Signature _____ Date _____