



The following information is optional. It is collected for planning purposes only and is not used for enrollment purposes in any way.

The applicant is  Male  Female  The applicants native language is: \_\_\_\_\_

The applicant's ethnicity is best described as

- American Indian  Asian  Hispanic  
 Black/Non-Hispanic  White/Non-Hispanic  Hawaiian/Pac. Islander  
 Multi-Race/Ethnicities Please List: \_\_\_\_\_

The applicant has received/does receive these services? (Please check all that apply.)

- Special Education (IEP)  ELL  Counseling  Title I Services  504 Plan

The applicant has Montessori experience  Yes  No

The applicant is currently enrolled in school somewhere else  Yes  No

If yes: School Name: \_\_\_\_\_ City: \_\_\_\_\_ Grade: \_\_\_\_\_

Does the applicant have other siblings currently attending or applying to HVM?  Yes  No

If yes: Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

How did you hear about HVM? \_\_\_\_\_

**To the best of my knowledge, all information provided on this application is true.**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Printed Parent/Guardian Name

\_\_\_\_\_  
Date

**For HVM Use Only**

Date Rec'd: \_\_\_\_\_

Rec'd by: \_\_\_\_\_

Mail

In Person

Fax

Lottery #: \_\_\_\_\_

Slot # \_\_\_\_\_

Wait List # \_\_\_\_\_

Offer Date: \_\_\_\_\_

Accepted/Declined

Offered By: \_\_\_\_\_