



# Casa Esperanza Montessori

a dual-language charter school and preschool community

## Congratulations and Welcome to Casa Esperanza Montessori

Dear Parents,

**If you plan to accept your spot please complete the following Enrollment Packet:**

1. Enrollment form
2. Emergency contact information
3. Home Language Survey
5. Immersion Program Parent Understanding and Commitment Form
4. Return Permission to use Student Work in Media Form
5. Kindergarten Health Assessment & Immunization Records (to be completed by your medical provider)
6. Request for Transfer of Student Records
7. Provide a copy of your child's birth certificate.
8. Residency verification. Acceptable proofs of residency include one of the following documents:
  - Current lease or rental agreement;
  - Current mortgage statement;
  - Current electric, water, or public gas bill. Telephone or Cable bills are not acceptable as proof of residency.
  - Any student found in violation of this residency policy shall be withdrawn from Casa Esperanza Montessori Charter School.
  - (This residency policy shall not apply to homeless students, as per the the McKinney Vento Homeless Assistance Act.)

Please remember that parent/guardians have **five calendar days** to submit all admission documents. If we do not hear from you by the date line, your spot will be given to another child on our wait list. If you have any questions please feel free to contact Admissions at [admissions@cemcs.org](mailto:admissions@cemcs.org)



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## Enrollment Form / *Planilla de Registro*

### Student Information / *Información Sobre el Alumno*

Last/Apellido: \_\_\_\_\_ First/Primer nombre: \_\_\_\_\_ Middle/Segundo nombre: \_\_\_\_\_

Gender/Sexo del Estudiante: \_\_\_M\_\_\_F Date of Birth / Fecha de Nacimiento: \_\_\_/\_\_\_/\_\_\_ Grade level/Grado: \_\_\_\_\_

Was your child born in the United States? / *Nació su niño en los Estados Unidos?*  yes/si  no

Country of Birth: \_\_\_\_\_

Please check one:  Hispanic/Hispana  Non Hispanic/No Hispana

Students Race:/ *Raza*

Black/Negra  Asian / *Asiática*  White /*Blanca*  American Indian or Alaskan Native / *Americana Nativa*  Pacific Islander or Native Hawaiian

School Transferring from/*Escuela Anterior*: \_\_\_\_\_

Public Base School/*Escuela Pública Básica*: \_\_\_\_\_

County of your Base School /*Condado de la Escuela Pública Básica*: \_\_\_\_\_

Is your child currently or has your child been homeschool? / *Su niño/a está recibiendo o recibió educación oficial en el hogar?*

yes/si  no

### Parent / *Guardián Information – Información sobre el Padre/Guardián*

Mother's name/*Nombre de la Madre*:

Place of Employment/*Lugar de empleo*:

Occupation/ *ocupación*: \_\_\_\_\_ Highest level education completed/*Nivel de educación*: \_\_\_\_\_

Phone numbers/ *Números de teléfono*: Home/*Casa* \_\_\_\_\_ Work/*Trabajo* \_\_\_\_\_ Cell/*Celular* \_\_\_\_\_

E-mail Address/ *Dirección de correo electrónico*:

Mailing address/ *Dirección domiciliaria*:

City/*Ciudad*: \_\_\_\_\_ State/*Estado*: \_\_\_\_\_ Zip code/ *Código Postal*: \_\_\_\_\_

Father's name/*Nombre del Padre*:

Place of Employment/*Lugar de empleo*:

Occupation/ *Ocupación* : \_\_\_\_\_ Highest level education completed: *Nivel de Educación*: \_\_\_\_\_

Phone numbers/*Números de teléfono*: Home/*Casa*: \_\_\_\_\_ Work/*Trabajo* : \_\_\_\_\_ Cell/*Celular* : \_\_\_\_\_

E-mail Address/ *Dirección de correo electrónico*:

Mailing address/ *Dirección domiciliaria*:

City/*Ciudad*: \_\_\_\_\_ State/*Estado*: \_\_\_\_\_ Zip Code/ *Código Postal*: \_\_\_\_\_

## CHILD CUSTODIAL INFORMATION / INFORMACION DE CUSTODIA LEGAL

Resides with  Both Parents / *Ambos Padres*  Mother / *Madre*  Father / *Padre*  Legal Guardian / *Guardián Legal*  
 Other / *Otros*

Are there any custody issues involving this student of which the school needs to be aware? / *Existe alguna custodia legal de este estudiante que la escuela necesite saber?*  Yes / *Si*  No

**Note:** Legal custodians must present legal custody papers to the school. / *Guardianes legales necesitan presentar los documentos custodiales a la escuela.*

## EMERGENCY CONTACT (PLEASE PRINT) / CONTACTOS DE EMERGENCIA

Emergency Contact/Contacto en caso de emergencia: (**other than parent/ alguien que no sean los padres**)

Name/Nombre: \_\_\_\_\_ Address/Dirección: \_\_\_\_\_

Phone/Teléfono: \_\_\_\_\_

Doctor's name/Médico \_\_\_\_\_ Address/Dirección: \_\_\_\_\_

Phone/Teléfono \_\_\_\_\_

Allergies/Alergias: \_\_\_\_\_

## SUPPORT SERVICES

1. Has your child been included in a MTSS process? /  Yes/Sí  No/No  
*¿SE LE HA INCLUIDO A SU HIJO/A EN ALGÚN EQUIPO DE APOYO EDUCATIVO?*
2. Has your child ever had a behavioral support or intervention plan? This includes any behavior or academic contracts between the child, parents and the school or any functional behavioral assessments. / *¿SE LE HA ADMINISTRADO A SU HIJO ALGUN SISTEMA DE APOYO DE COMPORTAMIENTO O PLAN DE INTERVENCION?*  
 Yes/Sí  No/No
3. Does your child currently have an IEP? / *TIENE SU NIÑO/A UN IEP?*  Yes/Sí  No/No  
Has your child ever had any psychoeducational testing either through school or on a private basis? / *¿HA TENIDO SU HIJO/A ALGUNA EVALUACIÓN PSICOEDUCATIVA POR MEDIO DE LA ESCUELA O PRIVADA?*  
 Yes/Sí  No/No

If applicable, please attach testing results, IEP and/or other relevant documentation. The above information is used for planning purposes so that we can provide appropriate services to students. / *Si aplica, favor de añadir los resultados y/o el Plan Individual u otros documentos. La información que se presenta arriba es solamente para propósitos de planeación. De esta manera podremos brindar un servicio más adecuado a todos nuestros estudiantes*

## OTHER INFORMATION

Has any member of your immediate family served in the reserve or active components of the Armed Forces of the United States since September 1, 2011? / *miembro de su familia inmediata que haya servido en la reserva o esté activo en las Fuerzas Armadas desde el 1 de septiembre, 2011?*  Yes/Sí  No/No

What led you to pursue enrollment for your child at Casa Esperanza Montessori? / *Porqué usted tiene interés en registrar a su niño/a en Casa Esperanza?*

Environment structured for independent, self-directed learners (Montessori) / *Los estudiantes motivados aprenden bien con el método Montessori*

Dual Language Education/ *Educación Bilingüe*  Other/Otro \_\_\_\_\_

By signing below you agree that you completed this application accurately. / *He completado esta solicitud correctamente*

Parent Signature/Firma del Padre o Guardián Legal: \_\_\_\_\_ Date/Fecha: \_\_\_\_\_



## Emergency Contact and Pick –up Information Side 2

Each person will be required to show a driver's license for identification when she/he picks up your child. ***Cada persona que recoja al niño(a) deberá mostrar su licencia para identificarse.*** If, for any reason, you have someone other than the above listed persons pick up your child, you must sign and send a note on that day authorizing that person. A telephone call or fax from you will not be sufficient authorization to release your child. In order to cover emergencies, you are urged to list as many persons as possible whom you would allow to pick up your child in your unexpected absence.

### ***Contacto de Emergencias e Información para recoger a los Estudiantes Segunda pagina***

***Cada persona que recoja al niño(a) deberá mostrar su licencia para identificarse.*** Si por alguna razón, alguna otra persona no incluida en la lista tiene que recoger a su hijo(a), usted debe enviar una nota firmada por usted autorizando a esa persona. Una llamada por teléfono o fax no es autorización suficiente. Si en caso de emergencia usted no puede recoger a su niño/a, le sugerimos que por favor incluya en la lista a todas las personas que tienen su autorización.

**Parent Signature/Firma del Padre o Guardian Legal:** \_\_\_\_\_

**Date/Fecha:** \_\_\_\_\_



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## HOME (PRIMARY) LANGUAGE SURVEY/ENCUESTA SOBRE EL IDIOMA QUE SE HABLA EN EL HOGAR

Dear Families (*Estimadas Familias*):

We are required to collect information on all of our students about how much English the children speak. Please complete the survey and return it to the front office. Thank you.

*Necesitamos la información de todos nuestros estudiantes para saber cuánto inglés hablan los niños/las. Por favor complete las preguntas y regrese este formulario a la oficina. Gracias.*

Date (*Fecha*): \_\_\_\_\_

Student (*Estudiante*): \_\_\_\_\_

Date of Birth/*Fecha de Nacimiento*: \_\_\_\_\_

Country of Birth/*País de origen*: \_\_\_\_\_

Date first in any U.S. school/*Fecha inicial en cualquier escuela de los EEUU* (Private or Public, but not PreK/*Privada o Pública pero no Preescolar*) Indicate if the student left the U.S. for a school year(s)/*Indique si el estudiante salió de los EEUU por un año escolar o más.*

First School Enrollment Date/*Fecha de Inscripción de la Primera Escuela*: \_\_\_\_\_

Name of School/*Nombre de la Escuela*: \_\_\_\_\_

1. - What is the native language of each parent/guardian? (*Cuál es el idioma nativo de cada padre/guardián*) \_\_\_\_\_
2. - What language (s) are spoken in your home? (*Cuales idiomas se hablan con más frecuencia en el hogar?*) \_\_\_\_\_
3. - What is the first language your child learned to speak? (*Cuál idioma aprendió a hablar su niño/a primero?*) \_\_\_\_\_
4. - What language does your child speak most often? (*cuál idioma habla su niño/a con más frecuencia?*) \_\_\_\_\_
5. - Which language do you most frequently speak to your child? (*Cuál idioma usted habla con su niño/a con más frecuencia?*) \_\_\_\_\_



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## Casa Esperanza Montessori Immersion Program Parent Understanding and Commitment Form

### Relevant information you should know about the importance of learning in a second language:

- Learning a second language at a young age is an effective way to greatly advance the development of all children.
- Research has shown that by the age six the human brain has achieved almost all of its significant growth.
- Learning a second language at a young age helps to develop the child's brain pathways in the auditorium cortex, stimulating general intelligence.
- Recent research shows that the brains of multi-lingual people utilize more available neurons for language processing than monolinguals, which naturally expands brain activity as a whole (National Institute of Health, 2012 <https://www.nih.gov/news-events/nih-research-matters/bilingual-effects-brain>)
- Spanish is the second most widely spoken language after English by a very wide margin in the U.S.
- More than 400 million people worldwide speak Spanish, which is a sufficient reason to learn the language.

### Description of Casa Esperanza's immersion model:

Academic Subject areas in our immersion program at Casa are taught by native Spanish speaking teachers. Our goal is for students to become proficient in the second language. We establish a strong foundation in the second language in grades K-2 by teaching in Spanish all instructional areas 90% of the day. We dedicate 10% of the instructional time weekly to developing phonemic awareness, and foundational language skills in English. PE is provided in English also.

When students reach grade 3, they are exposed to more academic English (20% percent of the time). This increase in English prepares them to meet standardized testing requirements and academic expectations for high school when they leave Casa.

### Parent Understanding and Commitment Form:

1. I understand that in the Immersion program the primary language of instruction is Spanish from kindergarten to 3rd grade. The program shifts in the upper grades (4 - 6), with more instruction in English in preparation for middle grades and high school.
2. I understand that my child will remain in the Immersion program during his schooling at Casa and will receive the support he/she needs to be successful.
3. I understand parent involvement is highly correlated with success at school. I will support my child academically, even if I do not speak or understand Spanish, by showing interest in school, ensuring that homework is completed, reading together in my home language, and communicating with the teacher.
4. I understand that the more exposure my child has to Spanish the faster language is acquired. I will seek opportunities outside school to provide further Spanish language exposure to my child, through books, events, arranging cross-language play opportunities etc.

5. I understand that the students in the Immersion program are held to the same academic standards and will be required to do the same state testing as any other child in the state of NC.
6. I understand that even if I do not speak Spanish, demonstrating a supportive attitude of interest and enthusiasm for Spanish language and culture will have an important influence on my child's interest and success. It is important that both parents agree to support entry into the Immersion Program.
7. I understand that parent involvement is one of the strengths of the Immersion Program. I and/or a family member will be actively involved at Casa through classroom volunteering, projects, committees or organizations, such as the PFA (Parent Faculty Association).

I have read and understand the Immersion Parent Commitment Form, and I am willing to fulfill all of the requirements described. (We ask that both parents sign this form, if possible. One signature is required.)

Name of child: \_\_\_\_\_

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

Name(s) of Parent(s)/Guardian(s) \_\_\_\_\_

\_\_\_\_\_

Signatures: \_\_\_\_\_

\_\_\_\_\_





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## Parental/Legal Guardian Consent for Use of Student's Image/Words/School Work in Media

I understand that during the time students are enrolled at Casa Esperanza Montessori, students may participate in in-school and public audio taping, media interviews, photographing, questionnaires/surveys, and videotaping.

\_\_\_\_\_  
Student's Name (Print)

\_\_\_\_\_  
Date of Birth

\_\_\_\_ I DO give permission for my child's image/words/school work to be used in public media, which may include but not necessarily be limited to newspaper photos, television commercials, radio interviews, or website photos. This permission includes my child's participation in any or all of the above activities.

\_\_\_\_ I DO NOT give permission for my child's image/words/school work to be used in public media, which may include but not necessarily be limited to newspaper photos, television commercials, radio interviews, or website photos. This permission includes my child's participation in any or all of the above activities.

\_\_\_\_ I DO give permission for my child's image/words/school work to be used in the yearbook and school pictures.

\_\_\_\_ I DO NOT give permission for my child's image/words/school work to be used in the yearbook and school pictures.

\_\_\_\_\_  
Parent/Legal Guardian's Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Today's Date



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Dear Parents,

State Law requires that children entering North Carolina Public Schools for the first time must have a complete health exam no more than 12 months prior to the date of school entrance, including required immunizations.

The standard health assessment form at your doctor's office is completed by the medical provider and must be presented to the school prior to enrollment. The health assessment completion must be documented on the required Health Assessment Attachment. That form is available for download at <https://publichealth.nc.gov/wch/doc/aboutus/HAFform2016Revised-062917.pdf> and is the only form allowed by law.

If the record of health assessment and immunizations are not received by the school within the first 30 days of enrollment, the Head of School is required by law to suspend the child from school on the 31<sup>st</sup> day of enrollment until the health assessment has been received.

Thank you for making your exam appointment early; doctor's calendars fill up quickly with school physical requests.

Best Regards,

Barbara Cooke  
Admissions Coordinator



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## REQUEST FOR TRANSFER OF STUDENT RECORDS/PETICION PARA TRASLADO DE EXPEDIENTES ESCOLARES

Date of Request/*Fecha*: \_\_\_\_\_

To (Previous School)/ *Nombre de la escuela anterior*: \_\_\_\_\_

School's Mailing Address/*Dirección de la escuela*: \_\_\_\_\_

City/State/ZipCode/*Ciudad/Estado/Código postal*: \_\_\_\_\_

The following student has enrolled in Casa Esperanza Montessori Charter School/ *El siguiente alumno/a se ha matriculado en Casa Esperanza Montessori Charter School.*

Name of Student/*Nombre del Alumno/a*:

\_\_\_\_\_  
Last Name/*Apellido*

\_\_\_\_\_  
First Name/*Primer Nombre*

\_\_\_\_\_  
Middle Name/*Segundo Nombre*

Date of Birth/*Fecha de nacimiento*: \_\_\_\_/\_\_\_\_/\_\_\_\_

Please include any of the following that may apply to this child. Thank you for your cooperation.

<input type="checkbox"/>	Copy of all report cards
<input type="checkbox"/>	Attendance records
<input type="checkbox"/>	Copy of birth certificate
<input type="checkbox"/>	IEP/504 plan/ESL files
<input type="checkbox"/>	Test results
<input type="checkbox"/>	Medical & Immunization records

Please send all student records to CEMCS Attn: Admissions Coordinator/Celeste Saldana

<b>Via Fax:</b> 919-855-9813 Attn: Admissions	<b>Via Mail:</b> Casa Esperanza Montessori School Attn: Admissions 2600 Sumner Blvd. Suite # 130 Raleigh, NC 27616	<b>Via Email:</b> admissions@cemcs.org
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