



Sibling Preference
 Sibling must be attending MATES in 2018-2019 school year
 and returning in 2019-2020 unless promoting
 To 6th grade

Sibling Name: _____

Lottery Application for Enrollment in 2019-2020

GRADE APPLYING FOR IN 2019-2020 _____

STUDENT INFORMATION					
Last Name	First Name	Middle Name	Male	Female	
Street address (student must reside here at least 5 days/nights weekly)			Apt #	City	
Best Phone Number ()	Date of Birth	Place of Birth (City, State and Country)			Citizenship
FAMILY INFORMATION					
<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Step Parent <input type="checkbox"/> Legal Guardian			<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Step Parent <input type="checkbox"/> Legal Guardian		
Last Name	First Name	Middle Initial	Last Name	First Name	Middle Initial
Home Address (If different than student)			Home Address (If different than student)		
Home Phone Number ()		Cell Phone Number ()		Home Phone Number ()	
Work Phone Number ()		Work Phone Number ()			
Email Address			Email Address		
SCHOOL INFORMATION					
Current School of Attendance		Current Grade	Public School of Residence as of September 2019		
Signature					
Please fill out this form completely and accurately. My signature verifies that the information that I have provided in this application is true, correct and complete. I understand that giving false or omitting information requested herein will risk or delay the processing of the above named student's application and could jeopardize enrollment at any time in MATES.					
X _____			Date: _____		
Signature of: <input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian					

**ENROLLMENT APPLICATION MUST BE RECEIVED BY FEBRUARY 22, 2019 BY 4:00 PM
 TO QUALIFY FOR OPEN ENROLLMENT
 Random Public drawing to be held March 21, 2019 (If a drawing is necessary.)**

Due to the large number of applicants, we are unable to contact every family with lottery results. Only the families of those students who receive seats will be contacted. All other applicants should feel free to contact the school to ascertain an individual student's status on the waiting list.

Please submit this application with two proofs of residency to the MATES front office. Please bring with you the student's original birth certificate for verification of legal name and birth date.

 OFFICE STAFF DETACH FOR STATISTICAL USE ONLY

INFORMATION FOR STATISTICAL USE ONLY
Is this student Hispanic or Latino? Yes, Hispanic or Latino _____ No, not Hispanic or Latino _____
No matter what you select above, please continue to answer the following by marking one or more boxes to indicate what you consider the student's race to be.
<input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian Indian <input type="checkbox"/> Black or African American <input type="checkbox"/> Cambodian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Guamanian <input type="checkbox"/> Hawaiian <input type="checkbox"/> Hmong <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Laotian <input type="checkbox"/> Other Asian <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> Samoan <input type="checkbox"/> Tahitian <input type="checkbox"/> Vietnamese <input type="checkbox"/> White/Caucasian